

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. James

or

Inc. Town of Walter

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3275

Registration District No. 906Registered No. 11  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Died Unnamed

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 23, 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Tony Washington(9) PRESENT POSTOFFICE OF FATHER Danville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Simmons(15) PRESENT POSTOFFICE OF MOTHER Danville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Farmer Laborer(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Dr. J. M. Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Danville

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 25, 23

(28)

Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.