

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
Township of .....  
or  
Inc. Town of Longtree  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**5116**

Registration District No. 2603

Registered No. 67  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3. SEX OR GIRL?	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH
	To be answered only in event of Twin or Triplet	<u>9</u>	<u>Yes</u>	<u>27</u> <u>10</u> <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME	<u>Le Washington</u>		14. NAME BEFORE MARRIAGE	<u>Le Washington</u>
9. PRESENT POSTOFFICE OF FATHER	<u>Longtree</u>		15. PRESENT POSTOFFICE OF MOTHER	<u>Longtree RC</u>
10. COLOR OR RACE	11. AGE AT LAST BIRTHDAY	<u>.....</u> (Years)	16. COLOR OR RACE	17. AGE AT LAST BIRTHDAY
<u>.....</u>	<u>.....</u>		<u>.....</u>	<u>32</u> (Years)
12. BIRTHPLACE	<u>Longtree RC</u>		18. BIRTHPLACE	<u>Longtree RC</u>
13. OCCUPATION	<u>Farm Work</u>		19. OCCUPATION	<u>Farm Work</u>
20. Number of children born to mother, including present birth	<u>1</u>		21. Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie H. ....

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife .....

(Given name added from a supplemental report)

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

(27) Filed ..... 19 ..... (28) **J. P. GARICK**  
Local 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.

State of Columbia, Columbia, S. C.