

(1) PLACE OF BIRTH

County of Bamberg

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1.—For this register only

2869

Registration District No. 400 Registered No. 21
(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 Julius Washington (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Male (4) AGE OF CHILD 30 (5) COLOR OF CHILD Col (6) DATE OF BIRTH 21 5 73
(If in parentheses, give date of birth)

FATHER		MOTHER	
(7) FULL NAME <u>Julius Washington</u>	(10) NAME BEFORE MARRIAGE <u>Florrie Mitchell</u>	(8) PLACE OF BIRTH <u>Bamberg</u>	(11) PLACE OF BIRTH <u>Bamberg</u>
(9) COLOR OF FATHER <u>Col</u>	(12) AGE AT LAST MARRIAGE <u>30</u>	(13) COLOR OF MOTHER <u>Col</u>	(14) AGE AT LAST MARRIAGE <u>23</u>
(15) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Farmer Hand</u>	(17) NUMBER OF CHILDREN OF THIS MARRIAGE <u>1</u>	(18) NUMBER OF CHILDREN OF THIS MARRIAGE <u>1</u>

(19) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(20) (Signature) Edna Slater (21) State whether Physician or Midwife Midwife (22) Address of Physician or Midwife Bamberg(23) Witnesses (24) Date 21 5 73 (25) Signature John Coates

(26) Signature of Registrar or Deputy Registrar