

THIS CARD OF AVERING OF TRUTHFULNESS IS A PERMANENT RECORD.  
 FILLED-JOHN, No. 1. TELL OTHERS, No. 2, etc., in question 5.  
 MEDICAL DEPARTMENT, South Carolina, R. 5.

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Piedmont  
 OR  
 Inc. Town of \_\_\_\_\_  
 OR  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 11/15

File No. — For State Registrar Only  
**2598**

Registered No. 6  
 (For use of Local Registrar)

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

(2) Full Name of Child Maria Washington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 22  
 (To be covered only in case of Twins or Triplets) (Specify of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Asman Washington  
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 11

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Adeline Vaughan  
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Asman Washington  
 (24) State whether: Father or Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. W. Burkette  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 17 1922 (28) J. B. Raffell Local Registrar

\*When there is no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.