

HEALTH CARE OF SAVINGS OR THROUGH THE USE OF NEURATIS HILANIS FOUR HUNDRED CHILDREN, AND MARK THE
 FILES IN ORDER, No. 1. THIS OFFICE, No. 2, etc., in question 8.
 MEDICAL DEPARTMENT, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Redwood
 OR
 Inc. Town of
 OR
 City of (No. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 File No. — For State Registrar Only
2598
 Registration District No. 1115 Registered No. 6
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 15 22</u> <small>(Specify of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Asman Washington</u>	(14) NAME BEFORE MARRIAGE <u>Adeline Vaughn</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Darzell S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Darzell S.C.</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born in mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>11</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Alive at 6:20 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Asman Washington</u>	(24) State (whether Parent or His wife) <u>Father</u>	(25) Address of Physician or Midwife <u>Darzell S.C.</u>
(26) Witness <u>Mrs. Edna Rinkette</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		(27) Filed <u>Jan 17 1922</u> <small>(Date)</small>

*When the attending physician or midwife, mother, father, householder or other person should make this return. If a child breathes even once in utero, it may be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.