

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19330

Registration District No. Registered No. 36

(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 Henry Washington

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

3) BOY OR GIRL?

4) Twin ☒ or Triplet?(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 27 1933
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Henry Washington

9) PRESENT POSTOFFICE OF FATHER

St.

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY Don't know
(Years)

12) BIRTHPLACE

13) OCCUPATION

Land

20) Number of children born to mother, including present birth

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Wattie C. Smith

(15) PRESENT POSTOFFICE OF MOTHER

Edott, S. C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. A. McMichael, M.D.

(24) State whether Physician or 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 July 5 1933(28) Newton, E. S.

Local Registrar

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

MARGIN RESERVED FOR INDEXING. WHEN A READING INDEX IS A PERMANENT RECORD, THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THEN OTHER, No. 2, ETC. IN QUESTION 3. N. B.—In case of TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THEN OTHER, No. 2, ETC. IN QUESTION 3. RECORD OF COLUMBIA, COLUMBIA, N. C.