

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 1.

Model of Certificate, Columbia, S. C.

(1) PLACE OF BIRTH

County of Abbeville
 Township of C. B. C. W. L. C.
 Inc. Town of.....
 City of.....
 (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

Registration District No. 100 Registered No. 25
 (For use of Local Registrar)

(2) Full Name of Child Leon L. 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 April 27, 1923
 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|---|--|
| (8) FULL NAME <u>Ransom Washington</u> | (14) NAME BEFORE MARRIAGE <u>Bessie Donaldson</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C. R.F.D.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C. R.F.D.</u> |
| (10) COLOR OR RACE <u>Blk</u> | (11) AGE AT LAST BIRTHDAY <u>23</u> (Year) | (16) COLOR OR RACE <u>Blk</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> (Year) |
| (12) BIRTHPLACE <u>S. C.</u> | (18) OCCUPATION <u>Farmer</u> | (16) BIRTHPLACE <u>S. C.</u> | (18) OCCUPATION <u>Housewife</u> |
| (19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>2</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 born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara E. Pratt
 (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Abbeville S.C.

Given name added from a supplemental report.....
 (26) Witness S. E. Presley
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed April 28, 1923 (28) S. E. Presley 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.