

Form No. 1

(1) PLACE OF BIRTH

County of

Barnwell
Red Oak

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

88495

Registration District No.

109

Registered No.

47

(For use of Local Registrar)

(2) Full Name of Child *William Harry 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

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*William Washington*(9) PRESENT
POSTOFFICE
OF FATHER*Snellings S.C.*(10) COLOR
OR
RACE*Negro*(11) AGE AT LAST
BIRTHDAY*28*
(Years)

(12) BIRTHPLACE

Barnwell Co.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth*5*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Leanne Gantt*(15) PRESENT
POSTOFFICE
OF MOTHER*Snellings S.C.*(16) COLOR
OR
RACE*Negro*(17) AGE AT LAST
BIRTHDAY*26*
(Years)

(18) BIRTHPLACE

Barnwell S.C.

(19) OCCUPATION

Farmer(21) Number of children of this mother
now living, including present birth*5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7* *A.* *M.*,
(Born, alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Carrie Gantt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Snellings S.C.*Given name added from a supplement-
tal report

191

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

NOV 1916

(28)

R. R. R. R.

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.

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 5.
City of Columbia.