

8. 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.

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of Wm. West  
 OR  
 Inc. TOWN of .....  
 OR  
 City of ..... (No. .... St.; .... 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  
**17282**

Registration District No. 126 Registered No. J. J. N.  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 20, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME G. Washington Sr.  
 (9) PRESENT POSTOFFICE OF FATHER Wm. West  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 50 (Years)  
 (12) BIRTHPLACE Abbeville, S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Angeline Washington  
 (15) PRESENT POSTOFFICE OF MOTHER Wm. West S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Abbeville, S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 11.20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. T. Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wm. West S.C.  
 Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 1, 1922 (28) J. D. Smith 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.

McCAW OF COLUMBIA, COLUMBIA, S. C.