

Form No. 1

(1) PLACE OF BIRTH

County of Bamberg

Township of Amherst

or

Inc. Town of

or

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

12935

Registration District No. 40.3

Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child

Mary Washington

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

(3) SEX Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

5/5/23

(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Washington

(9) PRESENT POSTOFFICE OF FATHER

Bamberg

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Bamberg

(13) OCCUPATION

wages hand

(14) Number of children born to mother, including present birth

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Stacie Lohard

(16) PRESENT POSTOFFICE OF MOTHER

Bamberg

(17) COLOR OR RACE

col

(18) AGE AT LAST BIRTHDAY

20

(19) BIRTHPLACE

Bamberg SC

(20) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Katie Ramson Bamberg SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5/8

23

(28)

Att. Bamberg

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.