

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of

*Abbeville*  
*Donalds*

Township of

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

50869

Registration District No. *100*

Registered No. *78*

(For use of Local Registrar)

(2) Full Name of Child

*Helen Washington*

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

(3) ~~BOY OR~~  
GIRL? *S*

(4) Twin or Triplet? *No*

(5) Number in order of birth *3*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Nov 18 1916*

## FATHER.

(8) FULL NAME

*Engine Washington*

(9) PRESENT POSTOFFICE OF FATHER

*Bolton*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE

*Abbeville Co*

(13) OCCUPATION

*Cotton mill foreman*

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

*3*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Wannie Patton*

(15) PRESENT POSTOFFICE OF MOTHER

*Donalds*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY *20* (Years)

(18) BIRTHPLACE

*Abbeville Co*

(19) OCCUPATION

*House wife*

(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) *Cornelia Sander*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife* *Donalds*

Given name added from a supplemental report

*Sept 10 1916*

*Cornelia Sander* Registrar

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

(27) Filed *Nov 20 1916* (28) *Helen Washington* 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.