

MAHON RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THIS OTHER, No. 2, etc. in question 2

(1) PLACE OF BIRTH

County of Charleston
 Township of
 or
 Inc. Town of
 City of Charleston

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar/

3412

Registration District No.

Registered No. 257

(For use of Local Registrar)

(No. 1111 King St. 9 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Levi Washington

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Washington

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23

(Year)

(12) BIRTHPLACE

Bonneau, S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Mitchell

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19

(Year)

(18) BIRTHPLACE

Bonneau, S.C.

(19) OCCUPATION

Housewife

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

One (1)

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

One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rosal (S) Rowson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 1111 King St. Charleston, S.C.

(Given name added from a supplemental report)

(26) Witness

Wm. W. Thomas
 (Signature of Witness necessary only when question 23 is signed "midwife")

(27) Filed

July 11, 1922

(28)

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.

(Date of)

Filed Charleston
 Cor. 12-9237

SUD