

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly HillInc. Town of Holly HillCity of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3619 Registered No. 34

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arnold Washington (If child is not yet named, make supplemental report as directed)(3) Sex of Child Girl (4) Type or Twin 1 (5) Number in order of birth 1 (6) Date of Birth Feb 19 1923 (7) Month Feb (8) Day 19 (9) Year 1923

FATHER.				MOTHER.			
(10) FULL NAME	<u>Alonzo Washington</u>	(14) NAME BEFORE MARRIAGE	<u>Linnée Sheppard</u>				
(11) PRESENT POST OFFICE OF FATHER	<u>Holly Hill S.C.</u>	(15) PRESENT POST OFFICE OF MOTHER	<u>Holly Hill S.C.</u>				
(16) COLOR OR RACE	<u>Negro</u>	(17) COLOR OR RACE	<u>Negro</u>				
(18) BIRTHPLACE	<u>S.C.</u>	(19) BIRTHPLACE	<u>S.C.</u>				
(20) OCCUPATION	<u>Farm Hand</u>	(21) OCCUPATION	<u>Dom.</u>				

(22) Number of children born to mother, including present birth 6 (23) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (25) (Signature) Linnée Sheppard (26) State whether Physician or Midwife Midwife (27) Address of Physician or Midwife Holly Hill S.C.

(28) Witness M. Heesman (Signature of Witness necessary only when question 25 is signed by male)

(29) Filed Feb 27 1923 (30) M. Heesman 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.