

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 Township of Christ Church State Board of Health

File No. — For State Registrar Only

80634

or  
 Inc. Town of Parish Registration District No. 901 Registered No. \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rachael Washington { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? no (7) DATE OF BIRTH Oct. 6 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Coan Gibson Washington

(9) PRESENT POSTOFFICE OF FATHER Wm Pleasant St

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Christ Church Parish

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Mitchell

(15) PRESENT POSTOFFICE OF MOTHER Wm Pleasant St

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Christ Church Parish

(19) OCCUPATION Cooking

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phineas H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wm Pleasant St

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(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.

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; TWIN OTHER, NO. 2, etc., in question 5.

McGaw, of Columbia