

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Wass  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42209

Registration District No. 1807 Registered No. 21  
 (For use of Local Registrar)

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 Julian D. Wash Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 21, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julian D. Wash Sr.  
 (9) PRESENT POSTOFFICE OF FATHER Parksville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (12) BIRTHPLACE Edgefield Co S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Whitley  
 (15) PRESENT POSTOFFICE OF MOTHER Parksville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
 (Year)  
 (18) BIRTHPLACE Greenwood Co S.C.  
 (19) OCCUPATION House wife  
 (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 born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. G. Whillock  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cold Spring S.C.

Given name added from a supplemental report

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

(27) Filed Jan 6<sup>th</sup> 19 23 (28) L. R. Brumson 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.