

(1) PLACE OF BIRTH

County of *McLennan*Township of *Bordentown*or
Inc. Town of *Willington*or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15813

Registration District No. *4500*Registered No. *63*

(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 *Thomas Washington*

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?

no

(7) DATE OF BIRTH

Oct 4 1921

FATHER.

(8) FULL NAME

Jim Rogers

(9) PRESENT POSTOFFICE OF FATHER

Greenwood

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Greenwood

(13) OCCUPATION

Profits

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Queen Washington

(15) PRESENT POSTOFFICE OF MOTHER

Willington

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

71

(18) BIRTHPLACE

Willington

(19) OCCUPATION

Farmer

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 10 1922*(28) *B. A. Mathis* 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.

Registrar

Local Registrar

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