

7/4/2

22 049385

1. PLACE OF BIRTH
 County of Richland **Standard Certificate of Birth**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of _____
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar Only
04935

Registration District No. 38-a Registered No. _____
 (For use of Local Registrar)

2. FULL NAME OF CHILD Julius Washington { If child is not yet named, make supplementary report as directed.

3. Boy or Girl { If Plural births } 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth Sept 15, 1922
 (Month, day, year)

9. Full name Elias Washington FATHER

18. Name before marriage Louisa Washington MOTHER

10. Residence (mailing address) (If non-resident, give place and State) S.C.

19. Residence (mailing address) (If non-resident, give place and State) _____

11. Color or race Negro 12. Age at child's birth 2.9 (years)

20. Color or race Negro 21. Age at child's birth 2.1 (years)

13. Birthplace (city or place) (State or country) Cherokee S.C.

22. Birthplace (city or place) (State or country) Eastover S.C.

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 19____
 17. Total time (years) spent in this work _____

OCCUPATION
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____ 19____
 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living Three (b) Born alive but now dead One (c) Stillborn _____

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Louisa Washington Parent

Given name added from a supplementary report _____ (Date of) _____

or _____ Guardian
 Address West Columbia, Rt. 1, S.C.

 Registrar.

Filed July 6, 1942 M.B. Woodward, M.D.
 Registrar.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate.)