

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.)

1. PLACE OF BIRTH

County of Richland
Township of _____
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 38-a

FILE No.—For State Registrar Only

04935

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD

Julius Washington

If child is not yet named, make supplemental report as directed.

3. Boy or ~~girl~~

If Plural births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of birth

Sept 15

19 22

5. Number, in order of birth

Full term

Married? yes

(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 2.8

(years)

20. Color or race Negro

21. Age at child's birth 2.1

(years)

13. Birthplace (city or place)

Eastover S.C.

(State or country)

22. Birthplace (city or place)

Eastover S.C.

(State or country)

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 one (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.

Given name added from a supplementary report

(Date of)

(Signed) Louisa Washington Parent

or _____ Guardian

Address West Columbia, Rt. 1, S.C.

Filed July 6, 19 42 M. B. Woodward, M.D.

Registrar.

Registrar.