CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16810

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

(1) PLACE OF BIRTH

County of Beaufort.....
Township of Sheldon.....
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.)

(2) Full Name of Child ---- MARTHA WASHINGTON ------- (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: girl
(4) Twin or Triplet: twin
(5) Number in order of birth: No. 2
To be answered only in event of Twins or Triplets
(6) Are Parents Married: yes
(7) DATE OF BIRTH: June 9th, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Sunday Washington
(9) PRESENT POSTOFFICE OF FATHER: Yemassee, S.C. R I
(10) COLOR OR RACE: col
(11) AGE AT LAST BIRTHDAY: 37 (Years)
(12) BIRTHPLACE: South Car
(13) OCCUPATION: Laborer
(20) Number of children born to mother, including present birth: (Nine (?))

MOTHER.

(14) NAME BEFORE MARRIAGE: Johanna (?)
(15) PRESENT POSTOFFICE OF MOTHER: Yemassee, S.C. R I
(16) COLOR OR RACE: col
(17) AGE AT LAST BIRTHDAY: 25 (Years)
(18) BIRTHPLACE: South Car
(19) OCCUPATION: Housework
(21) Number of children of this mother now living, including present birth: (Four (4))

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) J. H. Holladay M.D.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Yemassee, S.C.

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (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.

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