

(1) PLACE OF BIRTH

County of Beaufort

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63188

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Riggie Washington

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

| | | | | |
|-----------------------------|--------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>June 1, 1914</u> |
| | | | | (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME Dan Washington(9) PRESENT POSTOFFICE OF FATHER Grayville S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Bft. Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Rozina Metter(15) PRESENT POSTOFFICE OF MOTHER Grayville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY D.K. (Years)(18) BIRTHPLACE Bft Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Grayville S.C. on the date above stated. (Born alive or stillborn) (Hour 4:00 M. or P. M.)(23) (Signature) W. B. ...(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Grayville S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness W. B. ... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed W. B. ... (28) W. B. ... 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.

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.
McCaw, of Columbia