

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Willow

Inc. Town of .....

City of .....

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

(2) Full Name of Child New Port Washington

File Number for State Registrar Only

8132

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3617 Registered No. 156

(For use of Local Registrar)

(No. .... St.; .... Ward)

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  
To be answered only in event of Twins or Triplets(6) Are Parents Married? No(7) DATE OF BIRTH Feb 4 19 29  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie Lucy Washington(15) PRESENT POSTOFFICE OF MOTHER Orangeburg Co.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 40

(Year)

(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION Laborer.(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... St. .... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) native nurse

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

maid wife.nurses, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 11 19 29(28) J. A. Rice  
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.