

(1) PLACE OF BIRTH

County of W. W. W. W.Township of Richland

or

Inc. Town of Richland

or

City of Richland

(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

Registration District No. 1209

File No.—For State Registrar Only

24274

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Willie Washington

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH June 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Washington(9) PRESENT POSTOFFICE OF FATHER Richland(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Richland(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Washington(15) PRESENT POSTOFFICE OF MOTHER Richland(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Richland(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 14, 1922 (28) R. A. B. 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.