

Form No. 1

(1) PLACE OF BIRTH

County of Ocean

Township of Lugaw

Inc. Town of Ocean

City of Ocean

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4774

Registration District No. 3505

Registered No. 24
(For use of Local Registrar)

(No. 3505 St. 24 Ward 24)

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

(2) Full Name of Child Lorger Washington

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

1) BOY OR GIRL Boy

4) Twin or Triplet?

5) Number in order of birth

6) Age

7) DATE OF

Feb 22 19 23
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME Doak Washington

9) PRESENT POSTOFFICE OF FATHER Westminster R4D

10) COLOR OR RACE Colored

11) AGE AT LAST BIRTHDAY 35

12) BIRTHPLACE Ocean Co SC

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 4

MOTHER

14) NAME BEFORE MARRIAGE Molly Reese

15) PRESENT POSTOFFICE OF MOTHER Westminster R4D

16) COLOR OR RACE Colored

17) AGE AT LAST BIRTHDAY 30

18) BIRTHPLACE Ocean Co SC

19) OCCUPATION House & yard work

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 alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Westminster R4D

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Feb 10 33

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.