

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of Charleston

STATE OF SOUTH CAROLINA

27591

Bureau of Vital Statistics

Township of Wad. Field

State Board of Health

or Se.

Registration District No. 912

Registered No. 26

Inc. Town of _____

(For use of Local Registrar)

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 Edward Washington 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1922
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>John Washington</u>	(14) NAME BEFORE MARRIAGE <u>Robert Leitch</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Wad. Field</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wad. Field</u>				
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (years)		
(12) BIRTHPLACE <u>Wad. Field</u>		(18) BIRTHPLACE <u>Wad. Field</u>			
(13) OCCUPATION <u>Subor.</u>		(19) OCCUPATION <u>Home Wife</u>			
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother, now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) _____ State whether Physician or Midwife _____ (24) Address of Physician or Midwife _____

Given name added from a supplemental report

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

(27) Filed Oct 10 1922 (28) A. H. Wilson 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 8th month of pregnancy.