

(1) PLACE OF BIRTH

County of Washington

Township of

or

Inc. Town of

or

City of Washington

(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

14495

Registration District No. 13-A Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child Estelle Samuels (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

—

(5) Number in order of birth

—

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 19, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clayton Samuels

(9) PRESENT POSTOFFICE OF FATHER

Washington S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

16

(Years)

(12) BIRTHPLACE

Washington S.C.

(13) OCCUPATION

farm work

MOTHER.

(14) NAME BEFORE MARRIAGE

Estlin Williams

(15) PRESENT POSTOFFICE OF MOTHER

Washington S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

13

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

ac. work

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

4

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alex at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Elie Weas

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Washington

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 30, 22

(28)

Local Registrar

15 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.