

Form No. 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
59454

(1) PLACE OF BIRTH
County of Colleton
Township of Blake
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 1402 Registered No. 30
(For use of Local Registrar)
GENERAL (No. St.; Ward)

(2) Full Name of Child Etta Washington { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Y (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Apr. 30, 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Malthus Washington
(9) PRESENT POSTOFFICE OF FATHER White Hall 20
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 60
(Years)
(12) BIRTHPLACE Colleton Co
(13) OCCUPATION Farm Laborer
(14) Number of children born to mother, including present birth { 11

MOTHER.
(14) NAME BEFORE MARRIAGE Etta General
(15) PRESENT POSTOFFICE OF MOTHER White Hall 20
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30
(Years)
(18) BIRTHPLACE Colleton Co
(19) OCCUPATION Farm Laborer
(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hannah General
(24) State whether Physician or Midwife: midwife (25) Address of Physician or Midwife: White Hall 20

Given name added from a supplemental report
....., 191.....

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

(27) Filed 6/25/06 191..... (28) R. L. Hudson

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
of Columbia