

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
Township of Barnwell  
or  
Inc. Town of Barnwell  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. 14394 Registrar Only

Registration District No. 501 Registered No. 9  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 15 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Thurman Washington  
(9) PRESENT POSTOFFICE OF FATHER Barnwell, S. C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20  
(12) BIRTHPLACE Barnwell Co.  
(13) OCCUPATION Public Work  
(14) Number of children born to mother, including present birth 2

MOTHER.  
(15) NAME BEFORE MARRIAGE Janella Priester  
(16) PRESENT POSTOFFICE OF MOTHER Barnwell, S. C.  
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 19  
(19) BIRTHPLACE Barnwell, S. C.  
(20) OCCUPATION Housewife, servant.  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janella Priester  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Barnwell, S. C.

(Given name added from a supplemental report)

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

(27) Filed Jan 15 1924 (28) C. B. R Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is desired before the fifth month of pregnancy.

8th of pregnancy.