

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of MarlboroTownship of Smithvilleor
Inc. Town ofor
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 Aaron Washington

File No.—For State Registrar Only

73955

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3306... Registered No. 85.....

(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23/1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jerry Washington,(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR Negro, (11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Labor,(20) Number of children born to mother, including present birth { 8 }

MOTHER.

(14) NAME BEFORE MARRIAGE Tilda Gay,(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR Negro, (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Work,(21) Number of children of this mother now living, including present birth { 8 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 P.M. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizer Quick,(24) State whether Physician or Midwife
Midwife,(25) Address of Physician or Midwife
Bennettsville, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 18/1916 (28) W. H. Priest
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.