

Form No. 1

MARGIN RESERVED FOR BINDING.

WHITE 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 McCaw of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|---|---|---|--|--|
| County of <u>Georgetown</u> | | STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health | | 46248 | |
| Township of | | Registration District No. <u>24</u> | | Registered No. <u>5</u> | |
| or Inc. Town of | | City of <u>Georgetown</u> | | (For use of Local Registrar) | |
| or City of | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | St.; Ward) | |
| (2) Full Name of Child <u>Herb E. Washington</u> | | If child is not yet named, make supplemental report as directed | | | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>5</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 15</u> 191 <u>6</u> | |
| FATHER. | | MOTHER. | | | |
| (8) FULL NAME <u>Lucie Washington</u> | | (14) NAME BEFORE MARRIAGE <u>Emma Purvis</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u> | | | |
| (10) COLOR OR RACE <u>Col.</u> | (11) AGE AT LAST BIRTHDAY <u>28</u> (Years) | (16) COLOR OR RACE <u>Col.</u> | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) | (18) BIRTHPLACE <u>Florence S.C.</u> | |
| (12) BIRTHPLACE <u>Georgetown S.C.</u> | | (19) OCCUPATION <u>House wife</u> | | | |
| (13) OCCUPATION <u>Express Deliverer</u> | | (20) Number of children born to mother, including present birth <u>Five</u> | | | |
| (21) Number of children of this mother now living, including present birth <u>4</u> | | CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.) <u>9 A.M.</u> | | | | | |
| (23) (Signature) <u>Mary Ann Ward</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> | | | | | |
| (25) Address of Physician or Midwife <u>Georgetown S.C.</u> | | | | | |
| Given name added from a supplemental report | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | | |
| 191..... | | (27) Filed <u>Jan 16</u> 191 <u>6</u> (28) <u>C. D. King</u> Local Registrar | | | |
| 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.