

MEDAW OF COLUMBIA: COLUMBIA, S. C.

County of Alb Co
Township of Deer West
or
Inc. Town of —
or
City of —

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

2824

(No. St.; Ward)
Institution, give name of same instead of street and number.)

| | | | | |
|------------------|---|------------------------------|--------------------------|------------------------------|
| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH |
| | Twins | 1 | Yes | Feb 5 1923 |
| | To be answered only in event of Twins or Triplets | | | (Name of Month) (Day) (Year) |

(8) FULL NAME Clifton Washington

(9) PRESENT POSTOFFICE OF FATHER Due west SC,

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 73 (Years)

(12) BIRTHPLACE abb co -

(13) OCCUPATION Farmer -

(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE *Janice Cannon*

(15) PRESENT POSTOFFICE OF MOTHER *one west*

(18) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *26*
(year)

(18) BIRTHPLACE *abb co*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1*

(22) I hereby certify that I attended the birth of this child, who was... alive ... at 9 ... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Perry
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife precent St

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

(27) Filed *Feb. 9... 1922* (28) *Feb. 14... 1922* 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.