

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 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 3.

(1) PLACE OF BIRTH

County of Lin
 Township of Lynchburg
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4447

Registration District No. 3002 Registered No. 30
 (For use of Local Registrar)

(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 Freddie Washington If child is not yet named, make supplemental report as directed

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>Feb. 16, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Marion Washington</u>			14) NAME BEFORE MARRIAGE <u>Marion Washington</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lynchburg S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg S.C.</u>	
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16) COLOR OR RACE <u>Negro</u>		
12) BIRTHPLACE <u>Sumter Co. S.C.</u>		17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>Lin Co. S.C.</u>	
19) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marion Washington

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lynchburg 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 3/9 1923 (28) J. F. McIntosh
 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.