

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

6473

County of Anderson

County of
Township of *Pendleton*

Inc. Town of.....".....

or
City of

State Board of Health
Registration District No. 310

Registered No. 27
(For use of Local Registrar)

City of
(If birth occurs in a hospital or other institution, give name of same instead of name of mother.)
If mother is not yet named, make name of child as it is directed.

(2) Full Name of Child Johnnie Washington, III supplemental report as directed

(3) BOY OR GIRL? <i>3</i>	(4) Twin or Triplet? <i>0</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	BIRTH <i>Mar. 11, 1922</i> (Name of Month) (Day) (Year)
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GIRLS	Boys	To be answered only in event of Twins or Triplets	MOTHER.
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(14) NAME BEFORE MARRIAGE *Katie Garvin*

15) FULL NAME John D. Waynes

PRESENT POSTOFFICE OF FATHER Pendleton, S. C. POSTOFFICE OF MOTHER Pendleton, S. C. (17) AGE AT LAST 19

(10) COLOR OR *bl* (11) AGE AT LAST BIRTHDAY *23* (18) COLOR OR RACE *bl* BIRTHDAY (Year)

(12) BIRTHPLACE Shenandoah

Anderson, Co. (19) OCCUPATION

12 OCCUPATION Banker Housewife

(21) Number of children born to _____ One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *Born alive* at *630a*

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

(23) (Signature) Lucinda J. [illegible]

(24) State whether Physician or Midwife Physician or Midwife

(25) Address of Physician or Midwife 211 [illegible]

Midwife: Kennedy

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only if not signed by mark)

When question 15 is asked

18
Registrar

(27) Filed 1918
Local Registrar

midwife, then the father, householder, etc., should make this return. If no report is desired of stillbirths.

If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.

11