

(1) PLACE OF BIRTH

County of OrangeburgTownship of Rocky Hillor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and township)

CERTIFICATE OF BIRTH

JANUARY OF SUPPLEMENT

Bureau of Vital Statistics

State Board of Health

Registration District No 34/15... Registered No 25...

(For use of Local Registrar)

(2) Full Name of Child Leroy Washington

If child is not yet named, give supplemental record as directed

(a) BOY OR GIRL? Boy (b) Twin or triplet? No (c) Number in order of birth 1 (d) Sex Female No (e) DATE OF BIRTH June 7 (f) Name of Month June

FATHER

(a) FULL NAME John Washington(b) PRESENT POSTOFFICE OF FATHER Perry S.C.(c) COLOR OR RACE Colored (d) AGE AT BIRTH 58 (e) BIRTHDAY 58 (f) YEARS(g) BIRTHPLACE S.C.(h) OCCUPATION Farmer(i) Number of children born to mother, including present birth 7

MOTHER

(a) NAME BEFORE MARRIAGE Marie Felder(b) PRESENT POSTOFFICE OF MOTHER Perry S.C.(c) COLOR OR RACE Colored (d) AGE AT BIRTH 58 (e) BIRTHDAY 58 (f) YEARS(g) BIRTHPLACE S.C.(h) OCCUPATION Housewife(i) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born on the date above stated.(13) (Signature) E. J. Taylor

(14) State whether Physician or Midwife (15) Address of Physician or Midwife

Rocky Hill

Given name added to the record

and report

(16) Signature of Registrar

(17) Signature of Registrar

(18) Signature of Registrar

(19) Signature of Registrar

(20) Signature of Registrar

(21) Signature of Registrar

(22) Signature of Registrar

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(29) Signature of Registrar