

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76102

Registration District No. 904 Registered No. 82

(For use of Local Registrar)

(2) Full Name of Child Jesse Washington

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

(3) BOY OR GIRL? B-

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 3^d 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Washington

(9) PRESENT POSTOFFICE OF FATHER R1 Charleston

(10) COLOR ed
OR RACE(11) AGE AT LAST BIRTHDAY 35[?]
(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Farm-hand

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

MOTHER.

(14) NAME BEFORE MARRIAGE Delila Washington

(15) PRESENT POSTOFFICE OF MOTHER R1 Charleston

(16) COLOR ed
OR RACE(17) AGE AT LAST BIRTHDAY 32[?]
(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Field-hand

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Amber Robinson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife R1 Charleston

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 9/8 1916

(28) Geo R. Seabrook 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.

MARGIN RESERVED FOR BINDING.

WRITE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.