(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
332

County of Beaufort
Township of Beaufort
or
Inc. Town of Grays Hill, S. C. Registration District No. 600 Registered No. 23
(For use of Local Registrar)
or
City of ..... St.; ..... Ward)
(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Washington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Boy			Yes	Jan 21		22

FATHER

(9) FULL NAME: Job Washington
(9) PRESENT POSTOFFICE OF FATHER: Grays Hill S.C.
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 50 (Years)
(12) BIRTHPLACE: Grays Hill S.C.
(13) OCCUPATION: Farmer

MOTHER

(14) NAME BEFOR MARRIAGE: Queenie Porcher
(15) PRESENT POSTOFFICE OF MOTHER: Grays Hill S.C.
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 27 (Years)
(18) BIRTHPLACE: Yemmassee
(19) OCCUPATION: House Wife.

(20) Number of children born to mother, including present birth: 8
(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. (Dead or alive) (A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Myles
(24) State whether Physician or Midwife
Address of Physician or Midwife: Grays Hill S.C.

Given name added from a supplemental report ..... 19 .....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Jan 30 1922 (28) W. H. Wilson 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.

MARION RESERVED FOR BINDING.
WHITE PAPER, WITH PRINTING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and state the FULL NAMES, No. 1, 2, etc., in question 2.