Form No. 4

Registration District No.

Primary Reg. District No.

STATE OF SOUTH CAROLINA
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Supplemental Certificate of Birth

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

For State Registrar Only
55 IA

County of Charleston
or
Inc. Town of
or
City of

Registration District No. 9 Registered No. 729
(For use of Local Registrar)

(No. Roper Hospital 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 Baby Boy Washington
If child is not yet named, make supplemental report as directed.

1. Boy or Girl: Boy | If Plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? Yes | 8. Date of birth Jan. 24 1922 (Month, day, year)

FATHER

3. Full name

Residence (usual place of abode) (If nonresident, give place and State)

Color or race Col | 12. Age at last birthday (Years)

Birthplace (city or place) (State or country) Charleston, S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Maggie Washington

19. Residence (usual place of abode) (If nonresident, give place and State) 43 Blact Bay

20. Color or race Col | 21. Age at last birthday (Years)

22. Birthplace (city or place) (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19 | 26. Total time (years) spent in this work

Number of children of this mother, At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

If stillborn, period of gestation { months / weeks } | 29. Cause of stillbirth | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. Lake Dupre Roper Hospital
or Midwife

Given name added from supplemental report (Date of)

Address Charleston S. C.

Filed 10/2, 1922 Emma Pasmall Registrar.

Registrar.