

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston, S.C.

(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 Register Only

3170

9 A

Registration District No. Registered No.

(For use of Local Registrar)

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

(1) SEX <u>Female</u>	(4) Type or triplet? <u>Single</u>	(3) Number in order of birth <u>1st</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 21</u> <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(11) FULL NAME Frederick Washington(12) PRESENT RESIDENCE OF FATHER Charleston, S.C.(13) COLOR OR RACE Caucasian (14) AGE AT LAST BIRTHDAY 42 (Years)(15) BIRTHPLACE Charleston County(16) OCCUPATION Teacher(17) Number of children born to mother, including present birth four

MOTHER.

(18) NAME BEFORE MARRIAGE Ella Reed(19) PRESENT RESIDENCE OF MOTHER Charleston, S.C.(20) COLOR OR RACE Caucasian (21) AGE AT LAST BIRTHDAY 26 (Years)(22) BIRTHPLACE McClawville, S.C.(23) OCCUPATION Domestic(24) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) (Signature)

(27) State whether Physician or Midwife (28) Signature of Physician or Midwife

When made, please send to a supplemental report

(29) Witness

(Signature of witness, if required, when question 25 is signed by mark)

(30) Filed 7/00/23 (31) J. Mason's Son, Registrar

When made by an attending physician or midwife, then the father, householder, etc., should make this return. If not made by an attending physician or midwife, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.