

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Island  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17928

Registration District No. 904 Registered No. 48  
 (For use of Local Registrar)

(No. .... 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 Ethel Washington (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL G. 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 3, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Jacob Washington  
 9) PRESENT POSTOFFICE OF FATHER Rt. Charleston S.C.  
 10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 25  
 12) BIRTHPLACE James Island  
 13) OCCUPATION Farmer

## MOTHER.

14) NAME BEFORE MARRIAGE Maria Washington  
 15) PRESENT POSTOFFICE OF MOTHER Rt. Charleston S.C.  
 16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 24  
 18) BIRTHPLACE James Island  
 19) OCCUPATION Farm - hand

20) Number of children born to mother, including present birth 2 21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) 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) (Hour A. M. or P. M.)

(23) (Signature) Wiley Jenkins (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt. Charleston

Given name added from a supplemental report

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

(27) Filed June 8, 1922 (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.

RECORDS OF BIRTHS AND DEATHS IN THE STATE OF SOUTH CAROLINA, 1922. PUBLISHED BY THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.