

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.

(1) PLACE OF BIRTH

County of Pratt  
 Township of Edwards  
 or  
 Inc. Town of Edwards  
 or  
 City of Edwards

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**19676**

Registration District No. 36.6 Registered No. 43  
 (For use of Local Registrar)

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

(2) Full Name of Child

Jane Washington

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplets <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 9 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Peter Washington  
 (9) PRESENT POSTOFFICE OF FATHER Edwards St  
 (10) COLOR OR RACE Colored  
 (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Dorcas Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Edwards St  
 (16) COLOR OR RACE Colored  
 (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Laundress  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Peggy Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edwards

Given name added from a supplemental report

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

(27) File June 16 1922 (28) J. H. Brown 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.