

## (1) PLACE OF BIRTH

County of LEXINGTONTownship of SANDY RIVERor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1102 Registered No. 43581 27

(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 Nellie Washington If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 7, 1922  
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Harry Washington</u>		(14) NAME BEFORE MARRIAGE	<u>Sue Briggman</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Andrew</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Andrew</u>	
(10) COLOR OR RACE	<u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE	<u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE	<u>Lexington, Mississippi</u>		(18) BIRTHPLACE	<u>Granger, Mississippi</u>	
(13) OCCUPATION	<u>Miner</u>		(19) OCCUPATION	<u>Helper</u>	
(20) Number of children born to mother, including present birth	<u>6</u>		(21) Number of children of this mother now living, including present birth	<u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 12:00 day .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Cannon(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife North St.

Given name added from a supplemental report

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

(27) Filed Dec 13, 1922 (28) J. R. Taylor 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.