

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of CaneOR
Inc. Town of Rockville S.C.OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34176

Registration District No. 1701Registered No. 5
(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 Johnia Washington

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Mar. 23, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Washington(9) PRESENT POSTOFFICE OF FATHER Rockville S.C.(10) COLOR OR RACE black(11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE Holly Hill, S.C.(13) OCCUPATION ack of see trades(20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Louise Smith(15) PRESENT POSTOFFICE OF MOTHER Rockville S.C.(16) COLOR OR RACE black(17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Rockville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was At M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emmanuel Canine

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rockville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 28, 1922(28) Galla Himmelman
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

MICHIGAN COLUMBIA, COLUMBIA, S. C.