

(1) PLACE OF BIRTH

County of

Township of East St. Johnor
Inc. Town of

City of

(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 Registrar Only

41075

Registration District No. 703Registered No. 93

(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 20, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Washington

(9) PRESENT POSTOFFICE OF FATHER

Sumner SC

(10) COLOR OR RACE

black

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

East St. John

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

Maryann Foreman

(15) PRESENT POSTOFFICE OF MOTHER

Sumner

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Sumner SC

(19) OCCUPATION

Farm work

(20) Number of children born to mother, including present birth

16

(21) Number of children of this mother now living, including present birth

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Grace Bryan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSumner SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

P. M. Barron

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.

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