

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Ine. Town of .....

or .....

City of Charleston S.C.

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

(2) Full Name of Child Harry Washington3. BOY OR GIRL? Boy(4) Twin or Triplet? one(5) Number in order of birth one(6) Are Parents Married? yes(7) DATE OF BIRTH April 13 1925

(Name of Month) (Day) (Year)

Registered No. 592  
(For use of Local Registrar)

St. .... Ward)

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

## FATHER.

8. FULL NAME Henry Washington9. PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 44  
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Molsey Lawrence(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 31  
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Anderson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 13 Drews Alley

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 7/19/25

Local Registrar

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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10302592Registration District No. 9 ARegistered No. 592  
(For use of Local Registrar)(No. 1 Grant

St. .... Ward)

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