

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. P. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		<div style="border: 1px solid black; padding: 2px;">           34844         </div>
County of <u>Beaufort</u>		Registration District No. <u>603A</u>		Registered No. <u>43</u> (For use of Local Registrar)
Township of <u>Phillips</u>				
Inc. Town of .....				
City of .....				
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
(2) Full Name of Child <u>Jay Washington</u> <span style="float: right;">If child is not yet named, make supplemental report as directed</span>				
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Child <u>20</u>	(7) DATE OF BIRTH <u>Nov 21 1923</u> (Name of Month) (Day) (Year)
<b>FATHER</b>			<b>MOTHER</b>	
(8) FULL NAME <u>Henry Washington</u>			(14) NAME BEFORE MARRIAGE <u>Eliza Richardson</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Dale S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Dale S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Year)	
(12) BIRTHPLACE <u>Beaufort Co. S.C.</u>			(18) BIRTHPLACE <u>Beaufort Co. S.C.</u>	
(13) OCCUPATION <u>Jay Laborer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>at</u> <u>4:30 PM</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Sarah V. Barnwell</u>				
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Dale S.C.</u>				
Given name added from a supplemental report _____ _____ _____				
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>Walter Alton</u>				
(27) Filed <u>Nov 21 1923</u> (28) <u>E. H. Howell</u>				

\*When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.