

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Rich

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

18638

Registration District No. 2010 Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3 SEX OF CHILD <u>Boy</u>	4 Twin or Triplet? <u>No</u>	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>No</u>	7 DATE OF BIRTH <u>June 12, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Washington(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE A.C.(13) OCCUPATION Hand(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Grace Ellison(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 4 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Magie Gaddy  
(23) State whether Physician or Midwife Midwife Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(24) Witness J. E. Gaddy  
(Signature of witness necessary only when question 23 is signed by mark)(25) Filed June 14, 1922 (26) E. L. Montgomery  
Local Registrar.If 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.

STARCH RESERVED FOR BINDING.

WHITE PAPERS. WITH CREASING INK—THIS IS A JOINTLY PRINTED BLANK FOR EACH CHILD, and marks the place in case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, No. 1, 2, 3, etc. In question 3

Model of Columbia, Columbia, S.C.