

Form No. 1

(1) PLACE OF BIRTH

County of *Charleston*Township of *First Church*or
Inc. Town ofor
City of(No. St. Ward)
(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 Use

3258

Registration District No. *901*Registered No. *24*
(For use of Local Registrar)(2) Full Name of Child *Rosa Washington*

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

(3) SEX OF CHILD <i>Girl</i>	(4) Twin or Triplet <i>Yes</i> To be answered only in case of Twin or Triplet	(5) Number in order of birth <i>116</i>	(6) DATE OF BIRTH <i>Feb 10 1923</i> (Month of Birth) (Day) (Year)
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FATHER.

(7) FULL NAME *Samuel Washington*(8) PRESENT RESIDENCE OF FATHER *1111st Pleasant*(9) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23* (Year)(12) BIRTHPLACE *Charleston S.C.*(13) OCCUPATION *laborer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Milhelmina Carson*(15) PRESENT RESIDENCE OF MOTHER *1111st Pleasant*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *20* (Year)(18) BIRTHPLACE *Charleston S.C.*(19) OCCUPATION *house work*(20) Number of children born to mother, including present one *Two*(21) Number of children of this mother now living, including present one *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Hager Kendrick* (24) Date, whether preceding or following(25) Address of Physician or Midwife *1111st Pleasant*

Given name called from a supplemental report

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

(27) Filed *Feb 23 1923* (28) *L. D. Lamb*

When taken, not by attending physician or midwife, then the father, householder, etc., should sign. If a child is born stillborn, it must not be reported as such. No report is required before the first month of pregnancy.