

Form No. 1.

(1) PLACE OF BIRTH

County of Seaholm
 Township of St. Helena
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18179

Registration District No. 1008 Registered No. 25
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1917
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lee Washington
 (9) PRESENT POSTOFFICE OF FATHER Seaholm
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE St. Helena
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE James Lee Washington
 (15) PRESENT POSTOFFICE OF MOTHER Seaholm
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE St. Helena
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James Lee Washington

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seaholm

Given name added from a supplemental report

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

(27) Filed Dec 13 1917 (28) James Lee Washington 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia