

THIS IS A PERMANENT RECORD
 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.
 Register Column, Column, B. C.

(1) PLACE OF BIRTH
 County of Charleston SC
 Township of Shoal Creek
 or
 Inc. Town of Shoal Creek
 or
 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 Only

10396

Registration District No. 913 Registered No. 26
 (For use of Local Registrar)

(2) Full Name of Child Willie Washington Jr
 (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 April 15 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Willie Washington</u>	(14) NAME BEFORE MARRIAGE <u>Viola Jackson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Marble Point</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Marble Point</u>
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(12) BIRTHPLACE <u>Mt Pleasant</u>	(18) BIRTHPLACE <u>Shoal Creek</u>
(13) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>House Girl</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>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Haniet Bradley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marble Point
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dr. H. Wilson
 (27) Filed May 10 22 (28) Local Registrar Dr. H. Wilson
 19 22 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.