

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of

State Board of Health

Inc. Town of

Registration District No.

File No.—For State Registrar Only

69548

Registered No.

(For use of Local Registrar)

City of

(No.

St.:

Ward)

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

(2) Full Name of Child

Ethel May Washington

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE

BIRTH—June 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Amos Washington

(9) PRESENT POSTOFFICE OF FATHER

Tatum S C

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Jane Washington

(15) PRESENT POSTOFFICE OF MOTHER

Tatum S C

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Dillon Co S C

(19) OCCUPATION

House work

(20) Number of children born to mother, including present birth

{ 2 }

(21) Number of children of this mother now living, including present birth

{ 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Amos at 9 A.M. on the date above stated. (Born alive or stillborn) (Signer A. M. or P. M.)

(23) (Signature)

Rose McIntyre

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
McBee Rd

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 17, 1916

(28) Julius Conington
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 INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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 8.

M.Caw. of Columbia.