

No. 1

(1) PLACE OF BIRTH

County of Lowndes
 Township of Lowndes
 Inc. Town of Lowndes
 City of Lowndes

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

File No.—For State Registrar Only
22425

Registration District No. **3803**

Registered No. **1945**
 (For use of Local Registrar)

(2) Full Name of Child

Joseph S. 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 4th

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 7, 1945

FATHER.

(8) FULL NAME Joseph S. Washington

(9) PRESENT POSTOFFICE OF FATHER Lowndes

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 22

(12) BIRTHPLACE Lowndes

(13) OCCUPATION Farming

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

MOTHER.

(15) NAME BEFORE MARRIAGE Rosa B. Korman

(16) PRESENT POSTOFFICE OF MOTHER Lowndes

(17) COLOR OR RACE Black

(18) AGE AT LAST BIRTHDAY 25

(19) BIRTHPLACE Lowndes

(20) OCCUPATION Farming

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Eleazar Washington

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lowndes

Given name added from a supplemental report

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

(27) Filed 8/6/45 (28) Local Registrar Eleazar Washington

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.