

(1) PLACE OF BIRTH

County of Marion

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32A

File No.—For State Registrar Only

35493

Registered No. 88

(For use of Local Registrar)

(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 Ruth Washington (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elex Washington(9) PRESENT POSTOFFICE OF FATHER Marion(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Marion County(13) OCCUPATION mill work(14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Angerlean Miles(15) PRESENT POSTOFFICE OF MOTHER Marion(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Marion County(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Wise(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Elex Washington
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 10 1922 (28) Lena Montgomery
Local Registrar19
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.