

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor
Inc. Town of Charlestonor
City of Charleston

(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

No. 551 - For State Registrar Only

551

Registration District No. 93Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child James Washington

(3) SEX OF CHILD <u>Male</u>	(4) Type of Infant <u>To be nursed at breast of Mother</u>	(5) Number of Birth <u>1</u>	(6) Date of Birth <u>Aug 11 1900</u>
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(8) FULL NAME OF FATHER <u>James Washington</u> (9) PRESENT POSITION OF FATHER <u>Not Present</u> (10) COLOR OF FATHER <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>32</u> (12) BIRTHPLACE <u>Charleston S.C.</u> (13) OCCUPATION <u>Boat Man</u> (14) Number of children born to mother, including present birth <u>One</u>		(14) NAME BEFORE MARRIAGE <u>Mary Wilson</u> (15) PRESENT POSITION OF MOTHER <u>Not Present</u> (16) COLOR OF MOTHER <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (18) BIRTHPLACE <u>Charleston S.C.</u> (19) OCCUPATION <u>House Work</u> (20) Number of children of this mother now living, including present birth <u>One</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.(22) (Signature) Mary Wilson(23) State whether Physician or Midwife Midwife

(Given name added from a supplemental report)

(24) Witness (Signature of Witness necessary only when question 23 is signed "No")

(25) Filed James Washington19 00
Registrar

When there was no attending physician or midwife, the birth must be certified by a parent or other person who saw the child breathe even once, it must be the birth of a living child.