

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
A 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 6.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>22210</b>	
County of <u>Georgetown</u> Township of ..... or Inc. Town of ..... or City of <u>Georgetown</u> (No. <u>Rainier St.</u> St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>H. A.</u>		Registered No. <u>49</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Paul Washington</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15, 1912</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Willie Washington</u> (9) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u> (10) COLOR OR RACE <u>Near</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>laborer</u> (20) Number of children born to mother, including present birth <u>1</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Agnes Richardson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>housewife</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:30</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Charlotte Jackson</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Medford</u>					
Given name added from a supplemental report ..... ..... 19 ..... Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>July 16, 1912</u> (28) <u>Mrs. E. G. King</u> 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.					