

(1) PLACE OF BIRTH

County of GeorgetownTownship of #5

Inc. Town of

City of

(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 HealthNo. 3934—For State Registrar Only

3934

Registration District No. 26.01 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child

Ellen Washington

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

(3) SEX OR GROWTH Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married 2 (7) DAYS OF BIRTH Sept. 10, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Washington(9) PRESENT POSTOFFICE OF FATHER Phone 10(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE Georgetown County(13) OCCUPATION Driver(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Rosa Lawrence(16) PRESENT POSTOFFICE OF MOTHER Phone 10(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 35
(Year)(19) BIRTHPLACE Georgetown County(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) E. H. Williams (24) Address of Physician or Midwife Phone 10(25) State whether Physician or Midwife Midwife

Given name and date of supplement

(26) Witness G. H. Williams
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 10 1923 (28) E. H. Williams
Local Registrar

When this certificate is signed by a physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of children before the first month of pregnancy.