

(1) PLACE OF BIRTH

County of Charleston
 Township of Edisto Island
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25216

Registration District No. 902Registered No. 435
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Scotty 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 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22nd 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Washington
 (9) PRESENT POSTOFFICE OF FATHER Edisto Island, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Washington
 (15) PRESENT POSTOFFICE OF MOTHER Edisto Island, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Laurens
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... born alive ... at 7:00 A.M.,
 on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Rachel M. Nelson
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Edisto Island, S.C.

Given name added from a supplemental report

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

(27) Filed July 1st 1922 (28) Wm. Murray 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.