

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Washington

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

59672

Township of Long Creek

or

Inc. Town of

or

City of

Registration District No. 1511

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alex Sam Jr

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

(4) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(Indicate separately in case of Twins or Triplets)

(6) Are yes Father Married?(7) DATE OF BIRTH April 30

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alex Sam Jr(9) PRESENT POSTOFFICE OF FATHER Washington P1(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Washington N.C.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE Lou Sam(15) PRESENT POSTOFFICE OF MOTHER Washington P1(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A.M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca T. King(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Washington P1

Given name added from a supplemental report

(26) Witness P. D. King

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 1 1916 (28) E. D. Early

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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, mark NUMBER IN FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.