

(1) PLACE OF BIRTH		(3) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		File No. — For State Registrar Only	
County of <u>Bamberg</u>		STATE OF SOUTH CAROLINA		266	
Township of <u>Bamberg</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health		Registration District No. <u>400</u>	
City of		(No.) St.		Registered No. <u>10</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>400</u>		(For use of Local Registrar)	
(2) Full Name of Child <u>Ben Washington</u>		(If child is not yet named, make supplemental report as directed)			
(4) BOY OR GIRL <u>Boy</u>	(5) Twin or Triplet?	(6) Number in order of birth	(7) Age Parents Married? <u>Yes</u>	(8) DATE OF BIRTH <u>1 8 22</u>	(9) (Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplet					
FATHER			MOTHER		
(10) FULL NAME <u>Julius Washington</u>	(11) NAME BEFORE MARRIAGE <u>Mommi Kears</u>				
(12) PRESENT POSTOFFICE OF FATHER <u>Bamberg SC</u>	(13) PRESENT POSTOFFICE OF MOTHER <u>Bamberg SC</u>				
(14) COLOR OR RACE <u>Col</u>	(15) COLOR OR RACE <u>Col</u>	(16) AGE AT LAST BIRTHDAY <u>31</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>		
(18) BIRTHPLACE <u>SC</u>	(19) BIRTHPLACE <u>SC</u>				
(20) OCCUPATION <u>Farm Hand</u>	(21) OCCUPATION <u>Cook</u>				
(22) Number of children born to mother, including present birth <u>6</u>			(23) Number of children of this mother now living, excluding present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:00 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>Rev. Grant</u>					
(26) State whether Physician or Midwife <u>Midwife</u>					
(27) Address of Physician or Midwife <u>Bamberg SC</u>					
Given name added from a supplemental report					
(28) Witness					
(29) Filed <u>1/14</u> 19 <u>22</u> (30) <u>John C. Jones</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.					