

Form No. 1

(1) PLACE OF BIRTH

County of
Township of Walnut Grove
or
Inc. Town of
or
City of William (No. St.; Ward)
(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 Health

File No.—For State Registrar Only

4513

Registration District No. 2314 Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child William Marion Washington If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Washington
(9) PRESENT POSTOFFICE OF FATHER Marion
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Lawrence S C
(13) OCCUPATION Ba User
(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mannie Miller
(15) PRESENT POSTOFFICE OF MOTHER Marion Shoals
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Lawrence S C
(19) OCCUPATION House wife
(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 at 330 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J B Moresman
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion Shoals

Given name added from a supplemental report

M. B. W.
5/2/22 19
Registrar

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

(27) Filed Mar 8 1922 (28) Wm. Smith 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.

MARGIN RESERVED FOR BINDING.

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, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.