

PLACE OF BIRTH
County of Charleston.....

Township of

City of

City of Charleston, S.C......

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

(1) Full Name of Child Robt. Washington..... (If child is not yet named, make supplemental report as directed)

(2) SEX M (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH 1/5/23 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Sam Washington</u>	(14) NAME BEFORE MARRIAGE	<u>Anna Devos</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>31 Ann</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>31 Ann</u>
(10) COLOR OR RACE	<u>C</u>	(16) COLOR OR RACE	<u>C</u>
(11) AGE AT LAST BIRTHDAY	<u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Years)
(12) BIRTHPLACE	<u>S. C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>laborer</u>	(19) OCCUPATION	<u>domestic</u>
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive..... 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Robinson (per J. P. D.)

(24) State whether Physician or Midwife mid-wife (25) Address of Physician or Midwife 52 Calhoun

Give name added from a supplemental report

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

(27) Filed 1/8 19 23 Martha Robinson 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.