

## (1) PLACE OF BIRTH

County of *York*Township of *Rockhill*Inc. Town of *Rockhill*City of *Rockhill*

(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 Register

5531

Registration District No. *4405* Registered No. *18*

(For use of Local Registrar)

(2) Full Name of Child *Edward Washington*

If child is not yet named, so be supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or triplet? *1* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 12 23*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Henry Washington*(9) PRESENT POSTOFFICE OF FATHER *Rockhill S.C.*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Blueville Mill*(13) OCCUPATION *Day laborer*(14) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Ester White*(15) PRESENT POSTOFFICE OF MOTHER *Rockhill S.C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Blueville Mill*(19) OCCUPATION *La. Care*(20) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Hour A. M. or P. M.) *5 P.M.* on the date above stated.(22) (Signature) *Wm. D. ...*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Rockhill S.C.*

Given name added from a supplemental report

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

(26) Filed *2/12/23* (27) Local Registrar *J. M. ...*

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 or acceptable before the fifth month of pregnancy.

WAYS PRINTED. WITH UNPAID FOR A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 1.

Div. of Columbia