

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 579
 Registered No. 1
 (For use of Local Registrar)

Registration District No. 925 Registered No. 1
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Male (4) Type of Birth Yes (5) Number of Children of this Mother One (6) Date of Birth Jan 19 1923
 Is it assumed child is one of Twin or Triple

FATHER		MOTHER	
(10) FULL NAME <u>George Washington</u>	(10) NAME BEFORE MARRIAGE <u>Millie Chisolm</u>	(10) FULL NAME <u>Johns Island</u>	(10) NAME BEFORE MARRIAGE <u>Johns Island</u>
(10) COLOR <u>Negro</u>	(10) COLOR <u>Negro</u>	(10) COLOR <u>Negro</u>	(10) COLOR <u>Negro</u>
(10) AGE AT LAST BIRTHDAY <u>22</u>	(10) AGE AT LAST BIRTHDAY <u>19</u>	(10) AGE AT LAST BIRTHDAY <u>19</u>	(10) AGE AT LAST BIRTHDAY <u>19</u>
(10) BIRTHPLACE <u>Madagascar Island</u>	(10) BIRTHPLACE <u>Johns Island</u>	(10) BIRTHPLACE <u>Johns Island</u>	(10) BIRTHPLACE <u>Johns Island</u>
(10) OCCUPATION <u>Farm Laborer</u>	(10) OCCUPATION <u>Farm Laborer</u>	(10) OCCUPATION <u>Farm Laborer</u>	(10) OCCUPATION <u>Farm Laborer</u>
(10) Number of children born to mother, including present birth <u>One</u>	(10) Number of children of this mother now living, including present birth <u>One</u>	(10) Number of children of this mother now living, including present birth <u>One</u>	(10) Number of children of this mother now living, including present birth <u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lacy Cahers
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report
 (26) Witness Mr. J. H. Miller
 (27) Filed Feb 5 1923 (28) Registrar Mr. J. H. Miller

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of child before the fifth month of pregnancy.