

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Shunda
 of
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17307

Registration District No. 1408Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Ruby Washington

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet No To be answered only in event of Twin or Triplet
 5. Are Parents Married Yes 6. DATE OF BIRTH June 6 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Benjamin Washington
 9. PRESENT POSTOFFICE OF FATHER Collegewell

10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 43
 12. BIRTHPLACE SC

13. OCCUPATION Farm

20. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Eliza Young
 15. PRESENT POSTOFFICE OF MOTHER Collegewell

16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 35
 18. BIRTHPLACE SC

19. OCCUPATION Domestic

21. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Elizabeth Young
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Collegewell

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 30, 1923 at 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 28th month of pregnancy.