

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of S. S. Stephensor
Inc. Town of.....or
City of.....

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

(2) Full Name of Child Rachel Washington(3) BOY OR GIRL? G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cornelius Washington(9) PRESENT POSTOFFICE OF FATHER Pineville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43
(Year)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Judge(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 42
(Year)(18) BIRTHPLACE Pineville(19) OCCUPATION Farm-wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ludie Judge(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Pineville

Given name added from a supplemental report

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

(27) Filed Sept. 26, 1922 (28) M. D. Gresh 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29089

Registration District No. 705 Registered No. 96
(For use of Local Registrar)

(No. St.; Ward)

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.