

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.

MEANS OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Allendale  
Township of Bull Pond  
or  
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

20772

Registration District No. 4603

Registered No. 43  
(For use of Local Registrar)

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 E. P. Washington

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 30, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Forson Owens  
(9) PRESENT POSTOFFICE OF FATHER Allendale SC  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE South Carolina  
(13) OCCUPATION farm laborer  
(20) Number of children born to mother, including present birth Twelve

MOTHER.

(14) NAME BEFORE MARRIAGE Forson Washington  
(15) PRESENT POSTOFFICE OF MOTHER Allendale SC  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION farm laborer  
(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Manda Jackson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness J. P. Harley  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 9, 1922 (28) J. A. Rouse  
Registrar 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.