

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

N. B.

(1) PLACE OF BIRTH

County of York
Township of York
OR
Inc. Town of York
OR
City of York

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

File No.—For State Registrar Only

42167

Registration District No. 1702 Registered No. 54
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Washington
(9) PRESENT POSTOFFICE OF FATHER Summerville
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Summerville
(13) OCCUPATION Bricklayer
(20) Number of children born to mother, including present birth (12)

MOTHER.

(14) NAME BEFORE MARRIAGE Cornelia Fidler
(15) PRESENT POSTOFFICE OF MOTHER Summerville
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Elora
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Oct 14 1922 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.

Registrar Local Registrar
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