

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Charleston, S.C.

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

Registration District No. 9

File No.—for State Registrar Only

3244

Registered No. 334

(For use of Local Registrar)

(2) Full Name of Child

Bertha Washington

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Age from Mother

(7) DATE OF BIRTH

Apr 19 1923

FATHER.

(8) FULL NAME

Christ Washington

(9) PRESENT RESIDENCE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Black (Negro)

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Common Laborer

(14) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Jenkins

(15) PRESENT RESIDENCE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Black (Negro)

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother any living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)

(22) (Signature)

(23) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(24) Witness Chas. A. R. ...(25) Filed Apr 22 1923

*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.

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