

Form No. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Donalds

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50870

Registration District No. 105Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child Ernest Roy Washington

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

(3) BOY OR
~~GIRL?~~(4) Twin ?
Is to be answered only in case of Twins or Triplets(5) Number in
order of birth 8(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH March 10 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME W Ernest Washington(9) PRESENT
POSTOFFICE
OF FATHER Donalds(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 35

(Years)

(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Farm Tenant(20) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Meg Reely(15) PRESENT
POSTOFFICE
OF MOTHER Donalds(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 34

(Years)

(18) BIRTHPLACE Abbeville Co(19) OCCUPATION House wife(21) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. Washington

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeDonaldsGiven name added from a supplement-
tal report

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Registrar

(26) Witness Dr. W. H.(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed May 29 1914(28) Dr. W. H. Washington
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.

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.
McCaw, of Columbia.