

MARGIN RESERVED FOR BINDING.
 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
77478

(1) PLACE OF BIRTH
 County of Hampton
 Township of Peeples
 or
 Inc. Town of
 or
 City of (No. 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 OTto Washburn (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy (4) Twin or Triplet? / (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Sept 11, 1966
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>not known</u>	(14) NAME BEFORE MARRIAGE <u>Margaret Washington</u>	(15) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>20</u>
(12) BIRTHPLACE	(13) OCCUPATION	(18) BIRTHPLACE <u>Hampton</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth. <u>1</u>	(21) Number of children of this mother now living, including present birth. <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Julie Whitlock
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 30, 1966. (28) W. P. Rivers Local Registrar.

19 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.