

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child

Nathaniel Washington

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 24th 19th 22
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

Nathaniel Washington

(10) PRESENT POSTOFFICE OF FATHER

35 Franklin Street

(11) COLOR OR RACE

C

(12) AGE AT LAST BIRTHDAY

27
(Years)

(13) BIRTHPLACE

Charleston S. C.

(14) OCCUPATION

Labourer

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

2

MOTHER.

(16) NAME BEFORE MARRIAGE

Wilhelmina Carter

(17) PRESENT POSTOFFICE OF MOTHER

35 Franklin St

(18) COLOR OR RACE

C

(19) AGE AT LAST BIRTHDAY

20
(Years)

(20) BIRTHPLACE

Charleston S. C.

(21) OCCUPATION

Cook

(22) Number of children of this mother now living, including present birth

None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was

Aliveat 11 A.M.

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(24) (Signature)

Dr. R. H. Helt

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Wm. HospitalMARGIN RESERVED FOR BINDING.
FED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 3.
COLUMBIA, S. C.