

(1) PLACE OF BIRTH

County of Washington
Township of Washington
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3509

Registration District No. 1.2.21

Registered No. 19
(For use of Local Registrar)

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

(2) Full Name of Child Louise English

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Feb. 2 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Russell English

MOTHER

(9) NAME BEFORE MARRIAGE

Theresa English

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(13) (Signature)

Ellen Mallaway

(14) State whether Physician or Midwife

Midwife

(15) Address of Physician or Midwife

Washington

Given name and date of registration

(16) Witness

(Signature of Witness necessary only when question 13 is signed by mark)

(17) Date Feb. 4. 1923

(18) E. L. Early

Local Registrar