

(1) PLACE OF BIRTH

County of Charleston
Township of Edisto Isd.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71797

Inc. Town of Registration District No. 902 Registered No. 172
(For use of Local Registrar)
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. James Washington { If child is not yet named, make supplemental report as directed(3) SEX OR Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Washington(9) PRESENT POSTOFFICE OF FATHER Edisto Isd.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Char. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Wadkins(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE same(19) OCCUPATION same(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P M.,
on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) Rachel X. Nelson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Edisto Isd.

Given name added from a supplemental report

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Registrar

(26) Witness John
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 16 1916 (28) J. O. Lee 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.

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