

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of
 or
 Inc. Town of
 or
 City of Charleston S.C. (Not Kinlaw court)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25113

Registration District No. 9.ARegistered No. 1175
(For use of Local Registrar)(2) Full Name of Child Chary R. Washington

St.; Ward)
 If child is not yet named, make
 supplemental report as directed

3 SOY OR
GIRL girl4 Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Aug. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

1 FULL
NAMEL. Washington2 PRESENT
POSTOFFICE
OF FATHERKinlaw court meeting3 COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY 19
(Years)

4 BIRTHPLACE

Charleston S.C.

5 OCCUPATION

laborer

MOTHER.

(14) NAME BEFORE
MARRIAGEClaybel Bates(15) PRESENT
POSTOFFICE
OF MOTHERKinlaw court meeting(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

house work6 Number of children born to
mother, including present birth2(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was, Aug. 14, 1922, at 2 P.M.,
 on the date above stated. (Born alive yes) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)J. M. Green H.D.(27) Filed 8/21 1922

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.