

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of Washington

Township of .....

OF

Inc. Town of .....

OF

City of Washington (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 Imminia Kitch

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? -	(5) Number in order of birth -	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 20, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME Bryce Henry Kitch(14) NAME BEFORE MARRIAGE Imminia Henry(9) PRESENT POSTOFFICE OF FATHER Washington(15) PRESENT POSTOFFICE OF MOTHER Washington(10) COLOR OR RACE Cre - (11) AGE AT LAST BIRTHDAY 36 (Years)(16) COLOR OR RACE Cre - (17) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Washington(18) BIRTHPLACE Washington(13) OCCUPATION Carpenter(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) Name of Physician or Midwife Aminia Warren(24) Address of Physician or Midwife Washington

Given name added from a supplemental report?

Signature of Witness Necessary only when question is signed by mark

Local Registrar

When there was no attending physician or midwife, the mother should make this report. If a child breathes after birth, a report is desired of either the