

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case 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 5.

(1) PLACE OF BIRTH

County of Orangeburg
Township of
or
Inc. Town of
or
City of Orangeburg, S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19642

Registration District No. 35-a Registered No. 107
(For use of Local Registrar)

(2) Full Name of Child Ruth Washington

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

(3) ~~SEX OF GIRL?~~ (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nat Washington
(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 46
(Year) (12) BIRTHPLACE Lincolnton, S.C.
(13) OCCUPATION Plumber
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Adriana Duke
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29
(Year) (18) BIRTHPLACE Orangeburg County
(19) OCCUPATION Domestic
(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 9:45 A.M., on the date above stated. (Bora alive or stillborn) (hour A.M. or P.M.)

(23) (Signature) Julius A. Parker (25) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 7, 1922 (28) 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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