

(1) PLACE OF BIRTH

County of Colleton
Township of Blake

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

903

Inc. Town of Registration District No. Registered No.
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 Henrietta Washington If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Yes Parents Married? No (7) DATE OF BIRTH Jan. 19, 1922
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Ben Washington(9) PRESENT POSTOFFICE OF FATHER Ritter S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Col Co S.C.(13) OCCUPATION Saw Mill Laborer(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Anna Washington(15) PRESENT POSTOFFICE OF MOTHER Ritter S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Col Co S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6:00 P.M.(23) (Signature) Maria Myers(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Greenboro S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan 25, 1922 (28) B. S. Heyman 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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