

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH LEADING 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 6.

(1) PLACE OF BIRTH

County of Berkley  
Township of St. James  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33302

Registration District No. .... Registered No. ....  
(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

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 one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 19, 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME elie Washington  
9) PRESENT POSTOFFICE OF FATHER Hamletown S.C.  
10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29  
(Years) 12) BIRTHPLACE Berkley Co  
13) OCCUPATION public work  
20) Number of children born to mother, including present birth five

MOTHER.

14) NAME BEFORE MARRIAGE Lourence Meyers  
15) PRESENT POSTOFFICE OF MOTHER Hamletown S.C.  
16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28  
(Years) 18) BIRTHPLACE Berkley Co  
19) OCCUPATION Domestic work  
21) 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 ..... at 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carolina Rippon

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Hamletown

Given name added from a supplemental report

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

(27) Filed Oct. 18, 1922 (28) G. W. Ward  
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.