

(1) PLACE OF BIRTH

County of Richland Co.

Township of

Inc. Town of

City of Columbia 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

19966

Registration District No. 38Registered No. 1466

(For use of Local Registrar)

St. Four Ward(2) Full Name of Child. Buck Washington

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 1929

To be answered only in case of Twins or Triplets

Name of Month (Day) (Year)

FATHER.

(8) FULL NAME Buck Washington(9) PRESENT POSTOFFICE OF FATHER 209 Marion St(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 54 (Years)(12) BIRTHPLACE Eastover S.C.(13) OCCUPATION day labor(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Byrd(15) PRESENT POSTOFFICE OF MOTHER 209 Marion St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Eastover S.C.(19) OCCUPATION Wash woman(20) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive 11 am M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) mag. gel. fort

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife 1414 Whaley St

Given name added from a supplemental report

191...

191...

Registrar

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

(27) Filed 6-78 191? (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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McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the SEPARATE RECORD.