

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.

Seav. of Columbia.

(1) PLACE OF BIRTH
 County of *Charleston*
 Township of *Sullivan's Island*
 or
 Inc. Town of Registration District No. *912* Registered No. *28*
 or
 City of (No. St.; Ward)
 (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
76152

(2) Full Name of Child *Geo Washington* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 26</i> , 191 <i>6</i> <small>(Name of Month) (Day) (Year)</small>
------------------	--	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME *Geo Washington*

(9) PRESENT POSTOFFICE OF FATHER *Moultrieville S.C*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *Charleston*

(13) OCCUPATION *Fisherman*

(20) Number of children born to mother, including present birth { *1* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Jane Washington*

(15) PRESENT POSTOFFICE OF MOTHER *Moultrieville DC*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *15* (Years)

(18) BIRTHPLACE *Charleston*

(19) OCCUPATION *Washwoman*

(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 *alive* at *3* *A.M.*
 on the date above stated. (Born *alive* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elizabeth J. Knights*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Moultrieville*

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness *Geo W Roberts*
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Sept 26*, 191*6*. (28) *Geo W Roberts*
 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.