

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 1.

Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		5810	
Township of <u>Brinsley Brook</u>		Bureau of Vital Statistics		Registered No. <u>13</u>	
Inc. Town of .....		State Board of Health		(For use of Local Registrar)	
City of .....		Registration District No. <u>3.02</u>		Registered No. <u>13</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)			
(2) Full Name of Child <u>James Edward Wright</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1923</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>James Wright</u>			(14) NAME BEFORE MARRIAGE <u>Sasha Lark</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Early #3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Early #3</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>57</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>58</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>Anderson SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Clara Bath</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Piedmont #2</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Mar 15, 1923</u> (28) <u>J. R. Mason</u> 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.					