

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.

MADE IN COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Holly Hill
or
Inc. Town of Holly Hill
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
2195

Registration District No. 3609 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child William Wright Jr

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 19, 22
(State of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Wright
(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Dom. Serv.
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Griffin
(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Dom. Serv.
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna X. Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. McQueen
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan. 30, 22 (28) H. M. McQueen 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.