

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Proctor  
 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

9291

Registration District No. 4104 Registered No. 24  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Abel M. Wright If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH March 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Amos Wright

(9) PRESENT POSTOFFICE OF FATHER Andal SC

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 22  
 (Years)

(12) BIRTHPLACE Andal SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Lora M. Wright

(15) PRESENT POSTOFFICE OF MOTHER Andal SC

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE Smith CO

(19) OCCUPATION Home work

(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa G. Harnet  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Andal SC

Given name added from a supplemental report

(26) Witness Louisa G. Harnet  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 2/8/22 (28) Jas T. Harnet 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 stillbirth before the fifth month of pregnancy.

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 PRINT-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.