

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53944

County of Sumter

Township of Stateburg

Inc. Town of

Registration District No. 4109 Registered No. 15

(For use of Local Registrar)

City of (No. St.; Ward) of birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child James 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? no (7) DATE BIRTH Mar 5 1916

FATHER.

MOTHER.

8) FULL NAME

(14) NAME BEFORE MARRIAGE Bertha Wright

9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Claremont SC

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

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)

12) BIRTHPLACE

(18) BIRTHPLACE Sumter Co.

13) OCCUPATION

(19) OCCUPATION at home

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

(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 9 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leah Sanders

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

Midwife Claremont SC

Given name added from a supplemental report

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

(27) Filed Feb 6 1916 (28) O. B. Sanders 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.

Form No. 10. MARGIN RESERVED FOR PRINTING. WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THIS OFFICE, No. 2. ETC., IN QUESTION 3.