

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Stephens
 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

3027

Registration District No. 721 Registered No. 20
 (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 Adam Wright If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL B (2) Type or Triplet To be answered only in event of Twins or Triplets (3) Number in order of birth (4) Are Parents Married yes (5) DATE OF BIRTH Feb. 8, 1923
 (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Theodore Wright
 (2) PRESENT POSTOFFICE OF FATHER St. Stephens
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE St. Stephens
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie McSwaine
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Farm-wife
 (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 born alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Addison
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Feb. 13, 1923 (28) W. A. Ford Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

REMARKS: REMARKS TO BE PRINTED IN A PERMANENT REPORT. IF THE CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED. IF THE CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED. IF THE CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED.