

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only

38430

Township of

or
Inc. Town ofor
City of AndersonRegistration District No. 3A Registered No. 467
(For use of Local Registrar)(No. 19 Levee St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Roy Wright If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 15 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. C. Wright</u>	(14) NAME BEFORE MARRIAGE <u>Julia Evans</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(16) COLOR OR RACE <u>W</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(10) COLOR OR RACE <u>W</u>	(18) BIRTHPLACE <u>Ind. Co</u>
(11) BIRTHPLACE <u>Ind. Co</u>	(19) OCCUPATION <u>Farmer</u>	(12) BIRTHPLACE <u>Ind. Co</u>	(20) OCCUPATION <u>Farmer</u>
(13) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(14) BIRTHPLACE <u>Ind. Co</u>	(22) 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 born alive at 2:15 M. on the date above stated. (Place alive or stillborn) (Time A. M. or P. M.)(23) (Signature) J. H. Matthews M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) J. B. CRAYTON(27) Filed 12-30-1923 (28) ANDERSON 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.

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.