

(1) PLACE OF BIRTH

County of CharlestonTownship of Johns Islandor
Inc. Town of

City of

(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

45650

Registration District No. 905 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child. Thomas Wright { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL? Girl(4) Twin
or Triplet? No(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Jun 26 - 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Thomas Wright(9) PRESENT
POSTOFFICE
OF FATHER Johns Island(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 23

(Years)

(12) BIRTHPLACE Johns Island(13) OCCUPATION Laborer(14) Number of children born to
mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE
MARRIAGE Annie Wheeling(15) PRESENT
POSTOFFICE
OF MOTHER Johns Island(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 20

(Years)

(18) BIRTHPLACE Johns Island(19) OCCUPATION Farm laborer(20) 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 12 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Jane Pinckney
(24) State whether Physician or Midwife (25) Address of Physician or Midwifemidwife Johns IslandGiven name added from a supplement-
tal report2/25/4~ 191.....M. B. W.

Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 7 1916 (28) W. C. Hills
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.WHITE 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.
McCaw, of Columbia