

MARGIN RESERVED FOR BINDING.
 WHITE PLAINS, WITH UNFOLDING ENVELOPE IN A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS, SEPARATE RECORDS BEARING EACH CHILD, and mark the
 FIRST-BORN No. 1 THE OTHER No. 2, etc., in question 5
 FORM 20
 MEDICAL COLUMBIA S. C.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spartanburg

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20252

Registration District No. 4008 Registered No. 178
 (For use of Local Registrar)
 (No. R2 St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eugene 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 May 18, 1922
 (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME Lee Wright
 9 PRESENT POSTOFFICE OF FATHER Spartanburg R2 S.C.
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 28 (Years)
 12 BIRTHPLACE N.C.
 13 OCCUPATION Farmer
 20 Number of children born to mother, including present birth 2

MOTHER.
 14 NAME BEFORE MARRIAGE Liza Williams
 15 PRESENT POSTOFFICE OF MOTHER Spartanburg R2 S.C.
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 19 (Years)
 18 BIRTHPLACE S.C.
 19 OCCUPATION Housewife
 21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7-1-22 (28) Re J. Parker 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.

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.