

THIS IS FOR BINDING. 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 OFFICE, No. 2, etc. in question 3.

(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 2608	
County of <u>Sumter</u> Township of <u>Drafting Creek</u> OR Inc. Town of OR City of		Registration District No. <u>4114B</u>		Registered No. <u>7</u> (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 <u>Mary Wright</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets <u>2</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Arthur Wright</u>			(14) NAME BEFORE MARRIAGE <u>James Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet SC</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Sumter SC</u>			(18) BIRTHPLACE <u>Hamlet SC</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at <u>8 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Wright</u> (24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Hamlet SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 <u>22</u> Registrar			(27) Filed <u>Jan 12</u> 19 <u>22</u> (28) <u>M.C. Hardley</u> 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.