

## (1) PLACE OF BIRTH

County of CalthounTownship of Ameliaor  
Inc. Town of .....or  
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. 34935Registration District No. 899 Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child Thomas Wright

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 21, 28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Samis Wright</u>			(14) NAME BEFORE MARRIAGE <u>Annalizer Wright</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Mite S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ft Mite</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Calthoun Co</u>			(18) BIRTHPLACE <u>Calthoun Co</u>	
(13) OCCUPATION <u>R.R. Labor Express</u>			(19) OCCUPATION <u>Home wife</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 ..... as Sept. 21, 84 M.,  
on the date above stated. (Born alive or children) (Near A. M. or P. M.)(23) (Signature) Phillis X. Parker

(24) State whether Physician or Midwife: (25) Address of Physician or Midwife

Fort Mite S.C.

Given name added from a supplemental report

(26) Witness J. C. Godley

Signature of Witness necessary only when question 22 is signed by mark

(27) Filed 107.5 (28) G. D. White 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.

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F E E T Y A F I L M