

(1) PLACE OF BIRTH

County of Lumberton
 Township of Mayesville
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
43073

Registration District No. 4402 Registered No. 85
 (For use of Local Registrar)

(2) Full Name of Child Eddie Wright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 9 1923
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Wright</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Wells</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Mayesville S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Mayesville S.C.</u>
(9) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(17) COLOR OR RACE <u>negro</u>	(18) AGE AT LAST BIRTHDAY <u>18</u>
(10) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Furnace</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</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 alive at 1:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Benjamin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville S.C.

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 11 1923 (28) [Signature]

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

M. B.—In case of TWIN or TRIPLETS use a separate certificate for each child. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in column 1.

Revised to Columbia, Columbia, S. C.