

Form No. 1

(1) PLACE OF BIRTH

County of ChesterfieldTownship of Cherawor
Inc. Town ofor
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

67744

Registration District No. 1201 Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child Sallie 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 5 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Wright(9) PRESENT POSTOFFICE OF FATHER Cheraw(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Chesterfield(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Harris(15) PRESENT POSTOFFICE OF MOTHER Cheraw S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Chesterfield S.C.(19) OCCUPATION Farm laborer(20) 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 Born at 4 P. M., (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Mary Threat(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cheraw, 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 July 6 1916 (28) P. B. Ingram Local Registrar

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