

(1) PLACE OF BIRTH

County of SumnerTownship of Jefferson

Inc. Town of

City of

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

File No.—For State Registrar Only
17626

 Registration District No. 2007 Registered No. 2007
 (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 Matthew Wright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>June 15 1923</u>
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FATHER.

(8) FULL NAME <u>Ervin Wright</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>McComb Bluff</u>	
(10) COLOR OR RACE <u>W. C.</u>	
(12) BIRTHPLACE <u>Jefferson Township</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>18</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mrs. Wright</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>McComb Bluff</u>	
(16) COLOR OR RACE <u>W. C.</u>	
(18) BIRTHPLACE <u>Jefferson Township</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>18</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

 (22) I hereby certify that I attended the birth of this child, who was at 1
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
McComb Bluff

Given name added from a supplemental report

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

 (27) Filed 7/10 1923 (28) [Signature]
 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.