

(1) PLACE OF BIRTH

County of BambergTownship of Bamberg

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

3116

Registration District No. 400Registered No. 20

(For use of Local Registrar)

(No. St.: Ward)

If birth occurs in a hospital of other institution, give name of same instead of street and number.)

(2) Full Name of Child Julia Wright

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

8. BOY OR GIRL inf

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

1 27 22
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

9. FULL NAME

Loed Wright

10. PRESENT POSTOFFICE OF FATHER

Bamberg SC

11. COLOR OR RACE

W

(12) AGE AT LAST BIRTHDAY

34
(Years)

12. BIRTHPLACE

W. C.

13. OCCUPATION

farm hand

14. Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Laura Daniels

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

farm hand

(20) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 100 at

(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBamberg SC

Give name added from a supplemental report

(26) Witness

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

(27) Filed

Yes

(28)

John Crow
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.