

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Rockland

Township of .....

or Inc. Town of .....

or City of Columbia, S. C. (No. 1017 State 1437)

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

(2) Full Name of Child James O. Wright

File No.—For State Registrar Only  
**19951**

CERTIFICATE OF BIRTH

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

Registration District No. 380 Registered No. 1437

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Wright

(9) PRESENT POSTOFFICE OF FATHER Columbia, S. C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Columbia, S. C.

(13) OCCUPATION Day Laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Libby Johnson

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S. C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Columbia, S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 7:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Floyd (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1326 Blossom St.

Given name added from a supplemental report

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

(27) Filed 6-16-1922 (28) 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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