

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of **Charleston** STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
71743

Township of

Inc. Town of Registration District No. **9A** Registered No. **870**
(For use of Local Registrar)
City of **Charleston** No. **1612 Hill** St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? **boy** (4) Twin or Triplet? (5) Number in order of birth **2** (6) Are Parents Married? **yes** (7) DATE OF BIRTH **Aug 27 1916**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **William Wright**

(9) PRESENT POSTOFFICE OF FATHER **Charleston**

(10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **23** (Years)

(12) BIRTHPLACE **Charleston S.C.**

(13) OCCUPATION **laborer**

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

MOTHER.

(14) NAME BEFORE MARRIAGE **Martha Ann Miles**

(15) PRESENT POSTOFFICE OF MOTHER **Charleston**

(16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **21** (Years)

(18) BIRTHPLACE **Charleston S.C.**

(19) OCCUPATION **Housekeeper**

(21) 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 alive** (born alive or stillborn) (How A. M. or P. M.)
on the date above stated.

(23) (Signature) **P. Philipps, M.D.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife P. Montgomery

Given name added from a supplemental report

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

(27) Filed **8/28/16** (28) **J. M. ...** 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

first month of pregnancy. 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.

FORM NO. 4 MARGIN RESERVED FOR ENDING
WHILE PLACING 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.