

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
City of Charleston.....
(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

29288

Registration District No. 9 A

Registered No. 1426
(For use of Local Registrar)

(2) Full Name of Child

Daniel P Wright

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 19 1922

To be reported only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Daniel Wright

(14) NAME BEFORE MARRIAGE Thomasena Singleton

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(10) COLOR OR RACE colored

(11) AGE AT LAST BIRTHDAY 21
(Years)

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 18
(Years)

(12) BIRTHPLACE Charleston, S.C.

(18) BIRTHPLACE Birmingham, Ala.

(13) OCCUPATION laborer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 Aline at 9:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. E. Purcell M.D.

(24) State Physician

(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

M. B. Woodward M.D.

(26) Witness

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

10/5/42

19 42 Registrar

(27) Filed 9/30 19 42

(28) Green M. Local Registrar

*When there was no attending physician or midwife, then the father, nurseholder, 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.