

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 (1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		83643	
Township of <u>Mid-delta</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4103</u>		Registered No. <u>74</u>	
or				(For use of Local Registrar)	
City of		(No. St. Ward)			
(If birth occurs in a hospital or other institution give name of same instead of street and number.)					
2 (2) Full Name of Child <u>Sarah Ann Wright</u>					
If child is not yet named, make supplemental report as directed					
3 (3) BOY OR GIRL <u>girl</u>		4 (4) Twin or Triplet? <u>No</u>		5 (5) Are Parents Married? <u>yes</u>	
To be answered only in case of Twins or Triplets		6 (6) DATE OF BIRTH <u>Oct 22 1916</u>		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8 (8) FULL NAME <u>York Wright</u>			14 (14) NAME BEFORE MARRIAGE <u>Francis Williams</u>		
9 (9) PRESENT POSTOFFICE OF FATHER <u>Wedgfield</u>			15 (15) PRESENT POSTOFFICE OF MOTHER <u>Wedgfield SC</u>		
10 (10) COLOR OR RACE <u>Col</u>		11 (11) AGE AT LAST BIRTHDAY <u>40</u>		16 (16) COLOR OR RACE <u>Col</u>	
12 (12) BIRTHPLACE <u>SC</u>		17 (17) AGE AT LAST BIRTHDAY <u>30</u>		18 (18) BIRTHPLACE <u>SC</u>	
13 (13) OCCUPATION <u>Farmer</u>			19 (19) OCCUPATION <u>Domestic</u>		
20 (20) Number of children born to mother, including present birth <u>4</u>			21 (21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
22 (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
23 (23) (Signature) <u>Rose Gayles</u>		24 (24) State whether Physician or Midwife <u>midwife</u>			
Given name added from a supplemental report		25 (25) Address of Physician or Midwife <u>Wedgfield</u>			
		26 (26) Witness <u>M. L. Parker</u>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
		27 (27) Filed <u>Oct 23 1916</u> (28) <u>M. L. Parker</u> Local Registrar			

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child, however, even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.