

(1) PLACE OF BIRTH

County of UllendaleTownship ofIn. Town ofCity of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for this register only

30819

Registration District No. 4605Registered No. 113
(For use of Local Registrar)(No. 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 William Wright

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

(3) SEX <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex of mother <u>Female</u>	(7) DATE OF BIRTH <u>Oct 29, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Norman Wright</u>			(14) NAME BEFORE MARRIAGE <u>Freda Farnat</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Ullendale S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Ullendale S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farm hand</u>			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) William Wright

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Oct 30, 1923(28) F. H. Boyd M.D.

(29) 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.