

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Rocky Hillor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1.26File No. - For State Registrar Only  
**19341**Registered No. 50  
(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 H. Hampton Wright If child is not yet named, make supplemental report as directed

|  |   |   |   |   |
|--|---|---|---|---|
| (3) SEX OR<br>CHILD <u>boy</u>   | (4) Twin<br>or Triplet<br>To be answered only in event of Twins or Triplets | (5) Number in<br>order of birth <u>3</u>  | (6) Are<br>Persons<br>Married? <u>yes</u>         | (7) DATE OF<br>BIRTH <u>June 15, 1923</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |   |   |   | MOTHER.   |
| (8) FULL<br>NAME <u>Tom Wright</u>   |   |   |   | (14) NAME BEFORE<br>MARRIAGE <u>May Woodard</u>                           |
| (9) PRESENT<br>POSTOFFICE<br>OF FATHER <u>Rembert, S.C.</u>                  |   |   |   | (15) PRESENT<br>POSTOFFICE<br>OF MOTHER <u>Rembert S.C.</u>               |
| (10) COLOR<br>OR<br>RACE <u>negro</u>  | (11) AGE AT LAST<br>BIRTHDAY <u>4.5</u><br>(Years)                          | (16) COLOR<br>OR<br>RACE <u>negro</u>   | (17) AGE AT LAST<br>BIRTHDAY <u>25</u><br>(Years) |   |
| (12) BIRTHPLACE <u>Spartanburg</u>   |   | (18) BIRTHPLACE <u>Spartanburg</u>  |   |   |
| (13) OCCUPATION <u>farmer</u>  |   | (19) OCCUPATION <u>housewife</u>  |   |   |
| (20) Number of children born to<br>mother, including present birth <u>13</u> |   | (21) Number of children of this mother<br>now living, including present birth <u>13</u> |   |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11. A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
M. D. Woodard, M.D. (Signature) Mary Woodard (23) Address of Physician or Midwife  
Rembert S.C.  
offic. 4/28/41 (24) State whether Physician or Midwife midwife M. C. HoellerGiven name added from a supplement-  
al report(25) Witness .....  
(Signature of Witness necessary only  
when question 22 is signed by mark)  
(26) Filed June 19, 1923 (27) M. C. Hoeller  
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.