

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Holly Hill
 or
 Inc. Town of Holly Hill
 or
 City of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

16227

Registration District No. 3609Registered No. 67

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leo Wright

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

(3) SON OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1927
 (Name of Month) (Day) (Year)

FATHER..		MOTHER..	
(8) FULL NAME <u>William Wright</u>	(14) NAME BEFORE MARRIAGE <u>Lettie Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Holly Hill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Holly Hill S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>58</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer Land</u>
(20) Number of children born to mother, including present birth <u>4</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 alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Betsy Green(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Deenman

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

(27) Filed June 5 1927 (28) H.M. Deenman 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.

WHILE PLACED WITHIN READING FOR FINDING. UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5. No. 3.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. No. 4.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. No. 5.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. No. 6.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. No. 7.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. No. 8.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. No. 9.—In case of twins or triplets, use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, 3, etc., in question 5. 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