

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

No. — For State Registrar Only

12347

Registration District No. 1204

Registered No. 10

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Arthur Wright

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb 9 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Pink Wright

(9) PRESENT POSTOFFICE OF FATHER

Hemphrey St

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lecia Harris

(15) PRESENT POSTOFFICE OF MOTHER

Hemphrey St

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

Alan at 11.9 A.M.

on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Martha Harvey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hemphrey St

(26) Given name added from a supplemental report

(28) Witness

Pink Wright

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

(27) Filed

2/12/23

(29) 10.1

(30) 10.1

(31) 10.1

(32) 10.1

(33) 10.1

(34) 10.1

(35) 10.1

(36) 10.1

(37) 10.1

(38) 10.1

Registrar

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.