

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. Johnsor  
Loc. Town of .....or  
(City of .....

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

39229

Registration District No. 910 Registered No. 30  
(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 Martine Wright If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 28, 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Wright</u>	(14) NAME BEFORE MARRIAGE <u>Ella Whitaker</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Myrtle</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Myrtle</u>
(9) COLOR OR RACE <u>W.C.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(12) COLOR OR RACE <u>W.C.</u>	(13) AGE AT LAST BIRTHDAY <u>20</u>
(10) BIRTHPLACE <u>Charleston, S.C.</u>	(14) BIRTHPLACE <u>Charleston, S.C.</u>	(15) OCCUPATION <u>Housewife</u>	(17) Number of children of this mother now living, including present birth <u>1</u>
(11) OCCUPATION <u>Farmer</u>			

(22) Number of children born to mother, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 12:00 A.M.  
on the date above stated.(24) (Signature) J. J. Taylor, M.D. (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife AdamsGive name added from a supplemental report  
(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. W. H. H.  
(28) Filed Oct 28, 1923 (29) Local RegistrarWhen 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.