

(1) PLACE OF BIRTH

County of Charleston
Township of St. Johns
or
Inc. Town 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)

(City of (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
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Wright
(9) PRESENT POSTOFFICE OF FATHER Meggett St.
(10) COLOR OR HAIR red (11) AGE AT LAST BIRTHDAY 23 (Year)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Farmer
(14) Number of children born to father, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Ella Chidley
(15) PRESENT POSTOFFICE OF MOTHER Meggett
(16) COLOR OR RACE red (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION House Wife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 12:00 P.M.

(22) (Signature) J. J. Taylor M.D.
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Adams St.

Give name added from a supplemental report
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..... 19

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed Oct 28, 1923 (27) M. W. M. H. C. 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.