

# CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of *Charleston*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3387

232

Township of .....

Inc. Town of .....

Registration District No. *9 A*

Registered No. *232*

(For use of Local Registrar)

City of *Charleston*

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

(2) Full Name of Child. *Baby Wright*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet? *No*

(5) Number in order of birth *1*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Feb. 11, 1922*

(Name of Month) (Day) (Year)

FATHER

MOTHER *W. H. Bell*

(8) FULL NAME *Thomas Wright*

(14) NAME BEFORE MARRIAGE *Anna Bell*

(9) PRESENT POSTOFFICE OF FATHER *Charleston*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston*

(10) COLOR OR RACE *Col.*

(11) AGE AT LAST BIRTHDAY *34* (Years)

(16) COLOR OR RACE *Col.*

(17) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *John's Island, S.C.*

(18) BIRTHPLACE *John's Island, S.C.*

(13) OCCUPATION *Laborer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *2*

(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* (Born alive or stillborn) on the date above stated.

(23) (Signature) *M. D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Proper to file*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *2/17/1922* *J. Mercer, Jr. M.D.* 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.

WHEN FATHER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FILED—BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 5.