

(1) PLACE OF BIRTH

County of LancasterTownship of Lynch Creekor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7824

File No.—For State Registrar Only

4360

Registered No. 19
(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

If child is not yet named, make
supplemental report as directed1. BOY OR
GIRL Boy2. Twin
or Triplet3. Number in
order of birth4. Are
Parents
Married Yes5. DATE OF
BIRTH 7/2 1922

(Name of Month) (Day) (Year)

FATHER

6. FULL
NAME James W. Wright7. PRESENT
POSTOFFICE
OF FATHER Lancaster SC8. COLOR
OR
RACE White(9) AGE AT LAST
BIRTHDAY 3910. BIRTHPLACE SC11. OCCUPATION farmer12. Number of children born to
mother, including present birth 6

MOTHER

13. NAME BEFORE
MARRIAGE Maude Stone14. PRESENT
POSTOFFICE
OF MOTHER Lancaster SC15. COLOR
OR
RACE White(16) AGE AT LAST
BIRTHDAY 3317. BIRTHPLACE SC18. OCCUPATION Housewife19. Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive 10:22 A. M.,
on the date above stated. (Was alive or stillborn) (Hour A. M. or P. M.)(21) Signature H. H. H.

(22) State whether Physician or Midwife

(23) Location of Physician or Midwife Lancaster SC

24. Name and address of hospital or institution, if birth occurred there

25. Signature of Witness necessary only
when question 24 is signed (For birth)26. Name and address of Local Registrar J. H. H.27. This certificate, when properly filled out, should reach this return.
If a child is desired at birth, the parent is desired at birth.