

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Sumter</u> Township of ..... OR Inc. Town of ..... OR City of <u>Sumter S.C.</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>5852</b>
		Registration District No. <u>41.0</u> Registered No. <u>30</u> (For use of Local Registrar)		
(2) Full Name of Child <u>James Wendell Wright</u>		(No. <u>118</u> <u>Walker Ave.</u> St. <u>3</u> Ward) If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Single</u>	
		(7) DATE OF BIRTH <u>Jan. 23</u> 19 <u>22</u> (Name of Month) (Day) (Year)		
FATHER.		MOTHER.		
(8) FULL NAME <u>Willie Wright</u>		(14) NAME BEFORE MARRIAGE <u>Emma Wright</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>76</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Darlington S.C.</u>		(18) BIRTHPLACE <u>Richland Co.</u>		
(13) OCCUPATION <u>Saw mill</u>		(19) OCCUPATION <u>Washing</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Born alive Jan. 24 at 1:40 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Rebecca Baker</u>		(25) Address of Physician or Midwife <u>908 W. B. 11th</u>		
(24) State whether Physician or Midwife		(25) Address of Physician or Midwife <u>midwife</u>		
Given name added from a supplemental report ..... ..... .....		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Mar. 13</u> 19 <u>22</u> (28) <u>D. O. Brown</u> 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.

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