

(1) PLACE OF BIRTH

County of *Sumter*Township of *W. H. H. H.*or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. *9287* By State Registrar OnlyRegistration District No. *4103*Registered No. *22*
(For use of Local Registrar)(No. *1* of *1* Ward)

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

(2) Full Name of Child *Marion Wright*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Sex *Male* (7) DATE OF BIRTH *Mar 15 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *?*
(9) PRESENT POSTOFFICE OF FATHER *?*
(10) COLOR OR RACE *?* (11) AGE AT LAST BIRTHDAY (Years) *?*
(12) BIRTHPLACE *?*
(13) OCCUPATION *?*

MOTHER

(14) NAME BEFORE MARRIAGE *Katie Wright*
(15) PRESENT POSTOFFICE OF MOTHER *W. H. H. H.*
(16) COLOR OR RACE *Ch* (17) AGE AT LAST BIRTHDAY (Years) *18*
(18) BIRTHPLACE *SC*
(19) OCCUPATION *House work*(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* at *8:20* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ulla Hagmann*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *W. H. H. H.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *M. R. B.*(27) Filed *3/16/22* (28) *M. L. G. R. H. H.* 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 stillborns before the fifth month of pregnancy.