

Form No. 1

## (1) PLACE OF BIRTH

County of Y. C. Cornick STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Plum Branch State Board of Health

File No. — For State Registrar Only  
89647

Inc. Town of ..... Registration District No. 1800 Registered No. 51  
 City of ..... (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Newey Wright { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH June 22, 1916  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Bennan Wright</u>	(14) NAME BEFORE MARRIAGE <u>Marrie Harmon</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Not Known</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Plum Branch, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Arkansas</u>	(18) BIRTHPLACE <u>Edgefield Co. S.C.</u>	(19) OCCUPATION <u>Day laborer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>9</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Quincy B. Adams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Plum Branch, S.C.

Given name added from a supplemental report

(26) Witness S. B. Adams, M.D.  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 22, 1916 (28) S. B. Adams, 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.

Form No. 1. THE OTHER, No. 2, etc., in question 5.