

Form No. 3

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only
50630

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of Union
 or
 City of Union
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 42-A Registered No. 21
 (For use of Local Registrar)

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

(3) ☐ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15 1911
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Franklin Wright
 (9) PRESENT POSTOFFICE OF FATHER Union Mo
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Hudson Co Mo
 (13) OCCUPATION Mill operator
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Bertie Se Baker
 (15) PRESENT POSTOFFICE OF MOTHER Union Mo
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Walker Co Ga
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
 (23) (Signature) D. J. McFarland, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Feb 20 191____ (26) J. G. Sarratt 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.

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.

McCaw of Columbia.