

(1) PLACE OF BIRTH

County of Bartholomew
 Township of 2nd
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

16850

Registration District No..... Registered No.....
 (For use of Local Registrar)

City of..... (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 Estelle Wright If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet one (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1923
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Estelle Wright (14) NAME BEFORE MARRIAGE Lessie
 (9) PRESENT POSTOFFICE OF FATHER Bartholomew (15) PRESENT POSTOFFICE OF MOTHER Bartholomew
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Bartholomew (18) BIRTHPLACE Bartholomew
 (13) OCCUPATION Farmer (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1 (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... at... M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 14 1923 (28) 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.