

MARGIN RESERVED FOR BINDING.

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

(1) PLACE OF BIRTH

County of Greenwood
Township of Post Office
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22465

Registration District No. 73a

Registered No. 85
(For use of Local Registrar)

(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 Lamis Wright

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

3) BOY OR GIRL? 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? 7) DATE OF BIRTH May 9, 1922
(Name of Day) (Month) (Year)

FATHER.

8) FULL NAME Giffin Wright
9) PRESENT POSTOFFICE OF FATHER Greenwood, SC
10) COLOR OR RACE Caucasian 11) AGE AT LAST BIRTHDAY 52 (Years)
12) BIRTHPLACE SC
13) OCCUPATION Farm
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Georgia Wright
15) PRESENT POSTOFFICE OF MOTHER Greener
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 32 (Years)
18) BIRTHPLACE Dorch Hill
19) OCCUPATION Wife
21) Number of children of this mother now living, including present birth Living

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 Year, M. or P. M.)

(23) (Signature) Bessie B. Roberts

(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 6/10/22 (28) W. H. Williams 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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