

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of
 or
 City of Port. Terminals
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

641

Registration District No. 909 Registered No. 13
 (For use of Local Registrar)

(2) Full Name of Child Earnest Wright

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 16, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Edward Wright</u>			(14) NAME BEFORE MARRIAGE <u>Charlotte Prior</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Port. Terminals</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Port. Terminals</u>	
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Mt. Pleasant S.C.</u>			(18) BIRTHPLACE <u>Georgetown S.C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report

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

(27) Filed Jan 24, 1922 (28) C. F. Myers Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.