

(1) PLACE OF BIRTH

County of Hannburg
 Township of Anders

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

20423

Inc. Town of Registration District No. Registered No.
 City of (No.) (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... Ida Ruth Wright If child is not yet named, make
 birth report as directed

3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth
 Take answer only in event of twins or triplets

(6) Are Parents Married?

DATE OF BIRTH June 27, 22
 Month (Day) (Year)

FATHER.

7) FULL NAME Mack Wright

8) PRESENT POSTOFFICE OF FATHER Wid. S.C.

9) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
 (Year)

10) BIRTHPLACE S.C.

12) OCCUPATION Farmer

13) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lue Jennie Wright

(15) PRESENT POSTOFFICE OF MOTHER Wid. S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION

(20) Number of children of the mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

21) I hereby certify that I attended the birth of this child, who was alive at 9 9 A.M.
 on the date above stated. (Date and time of birth)

(23) (Signature) Mary Thomas Wid. S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness, if necessary, only when question 23 is a good birth)

(27) Filed 7/8/22 (28) G. H. Conklin
 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."

Local Registrar.
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FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B. ARCHD. of Columbia