

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.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Frederick</u></p> <p>Township of <u>Frederick</u></p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>4499</p>
<p>Registration District No. <u>2312</u></p>				<p>Registered No. <u>8</u></p> <p>(For use of Local Registrar)</p>		
<p>(2) Full Name of Child <u>Maudie B. Wright</u></p>				<p>If child is not yet named, make supplemental report as directed</p>		
<p>(3) BOY OR GIRL? <u>Girl</u></p>	<p>(4) Twin or Triplet? <u>No</u></p> <p>To be answered only in case of Twins or Triplets</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Feb 7 22</u></p> <p>(Name of Month) (Day) (Year)</p>		
<p>FATHER.</p> <p>(8) FULL NAME <u>Samuel Wright</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Irby R.</u></p> <p>(10) COLOR OR RACE <u>Negro</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>47</u></p> <p>(Year)</p> <p>(12) BIRTHPLACE <u>Albany Co</u></p> <p>(13) OCCUPATION <u>Farmer</u></p> <p>(20) Number of children born to mother, including present birth <u>7</u></p>			<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Florence Gasser</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Irby R.</u></p> <p>(16) COLOR OR RACE <u>Negro</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>43</u></p> <p>(Year)</p> <p>(18) BIRTHPLACE <u>Albany Co</u></p> <p>(19) OCCUPATION <u>Housewife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>7</u></p>			
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>Irby R.</u> on the date above stated. (Born alive or stillborn) (Hour * M. or P. A.)</p> <p>(23) (Signature) <u>W. J. Williams</u></p> <p>(24) State whether Physician or Midwife <u>Midwife</u></p> <p>(25) Address of Physician or Midwife <u>Irby R.</u></p> <p>Given name added from a supplemental report</p> <p>(26) Witness <u>J. J. Williams</u></p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>Feb 27 22</u> (28) <u>J. J. Williams</u> Local Registrar.</p>						

*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.