

## (1) PLACE OF BIRTH

County of WayneTownship of Wrightor  
Inc. Town of Wrightor  
City of Wright

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300Registered No. 24  
(For use of Local Registrar)If child is not yet named, make  
supplemental report as directed

(3) SEX OR GAL	(4) TIME OF BIRTH	(5) NUMBER IN ORDER OF BIRTH	(6) DATE OF BIRTH
<u>Male</u>	<u>11:00 AM</u>	<u>1</u>	<u>Feb 14 1927</u>
(7) FATHER		(8) MOTHER	
<u>Wm. H. H. H.</u>		<u>Wm. H. H. H.</u>	
(9) FULL NAME		(10) FULL NAME	
<u>Wm. H. H. H.</u>		<u>Wm. H. H. H.</u>	
(11) PRESENT RESIDENCE OF FATHER		(12) PRESENT RESIDENCE OF MOTHER	
<u>Wm. H. H. H.</u>		<u>Wm. H. H. H.</u>	
(13) COLOR OR RACE	(14) AGE AT LAST BIRTHDAY	(15) COLOR OR RACE	(16) AGE AT LAST BIRTHDAY
<u>White</u>	<u>30</u>	<u>White</u>	<u>30</u>
(17) BIRTHPLACE	(18) BIRTHPLACE	(19) OCCUPATION	(20) OCCUPATION
<u>Wm. H. H. H.</u>	<u>Wm. H. H. H.</u>	<u>Wm. H. H. H.</u>	<u>Wm. H. H. H.</u>
(21) Number of children born to mother, including present child	(22) Number of children of the mother by other husband		
<u>1</u>	<u>1</u>		

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(24) Signature of Physician or Midwife Wm. H. H. H.(25) Address of Physician or Midwife Wm. H. H. H.(26) Signature of Local Registrar Wm. H. H. H.(27) Date of Report Feb 14 1927(28) When this report is made, the Local Registrar should make the return  
if a child is born.

(29) If a child is born, the report is desired of all births.