

Form No. 3

Q. 11. 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.

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(1) PLACE OF BIRTH County of <u>Lancaster</u> Township of OR Inc. Town of OR City of <u>Lancaster</u> (No. Ward)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>286</u>		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">35111</div> Registered No. <u>70</u> (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 <u>Benjamin Collins Wright</u>					
(3) BOY OR GIRL <u>Boy</u>		(4) Term of Pregnancy <u>To be answered only in event of Twins or Triplets</u>		(5) Are Parents Married <u>yes</u>	
(6) DATE OF BIRTH <u>Oct 30, 22</u> <small>(Name of Month) (Day) (Year)</small>					
FATHER.			MOTHER.		
(7) FULL NAME <u>Head Wright</u>			(14) NAME BEFORE MARRIAGE <u>Bney Howie</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>		
(9) COLOR OR RACE <u>Colord</u>			(16) COLOR OR RACE <u>Colof</u>		
(10) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>		
(11) BIRTHPLACE <u>Lancaster SC</u>			(18) BIRTHPLACE <u>Lancaster SC</u>		
(12) OCCUPATION <u>Farmer</u> <u>Lancaster SC</u>			(19) OCCUPATION <u>House Keeper</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>9:30 A.M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Mary J. Witherspoon</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Lancaster SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed)		
19 <u>22</u> Registrar			(27) Filed <u>11-1-22</u> (28) <u>J. H. H. H. H. H.</u> 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.