

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Mayeville  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

5333

Registration District No. 4102 Registered No. 10  
 (For use of Local Registrar)

(2) Full Name of Child Anna Lee Wright If child is not yet named, make supplemental report as directed

(3) Sex Girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH Feb 19 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Stephen Wright  
 (9) PRESENT POSTOFFICE OF FATHER Mayeville SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25  
 (Year) .....  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE May Frantzberger  
 (15) PRESENT POSTOFFICE OF MOTHER Mayeville SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23  
 (Year) .....  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Homemaker  
 (20) Number of children of this 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 ..... at 10 P. M.,  
 on the date above stated. (Here alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mary Davis

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

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

(27) Filed Feb 28 1923 (28) Local Registrar

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

MARGIN RESERVED FOR INDEXING.  
 WRITES PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 M. B. - In case of twins or triplets use a separate blank for each child, and mark on FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.