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.

McCAW or COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 78130

(1) PLACE OF BIRTH

County of Marion

Township of .....
or
Inc. Town of Mullins
or
City of .....

Registration District No. 37B Registered No. 134
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY ~~OR~~ GIRL

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug. 14, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME John F. Wright	(14) NAME BEFORE MARRIAGE Ethel Belle Brown
(9) PRESENT POSTOFFICE OF FATHER Mullins. S.C.	(15) PRESENT POSTOFFICE OF MOTHER Mullins. S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Marion Co.	(18) BIRTHPLACE Scotland Co. N.C.
(13) OCCUPATION Day Laborer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. A. Smith M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Mullins S.C.

Given name added from a supplemental report .....

..... , 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/3 1916. (28) R. L. Rogers 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 stillborn. No report is desired of stillbirths before the fifth month of pregnancy.