

(1) PLACE OF BIRTH

County of LancasterTownship of Butler

In Town of

City of

(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

File No.—For State Registrar Only

4332

Registration District No. 12-0 Registered No. 11

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in case of twins or triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

21 Feb 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Billy Wright

(9) PRESENT POSTOFFICE OF FATHER

Tradersville

(10) GROUP OR

11

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

D.C.

(13) OCCUPATION

Farming

(14) Number of children born to father, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Key

(15) PRESENT POSTOFFICE OF MOTHER

Tradersville

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

D.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Tradersville on the date above stated. (Hour A. M. or P. M.) 8 P. M.(22) (Signature) D. B. Henderson M.D.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician Lancaster S.C.

(25) Given name added from a supplemental report

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(26) Witness

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

(27) Filed March 7, 1923 (28) W. H. H. H. 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.