

STATE OF SOUTH CAROLINA :
COUNTY OF CHARLESTON :

PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public of So. Car., NANCY GIVEN who, being duly sworn, says: that SHE is a resident of the City of Charleston, County and State aforesaid: that SHE is the MOTHER of

WILLA MAE WRIGHT GIVEN
who was born on July 3rd, 1923 in the City of Charleston, State and County aforesaid: that SHE has given the answers set forth on the Attached Return of Birth and that the same are true and correct.

Nancy Given her
Mother X L.S.
mark

STORY to before me this
1st day of October 1930. A.D.,

Emma G. Pregnall
Notary Public S. C.

Emma G. Pregnall.

My commission expires at the will of the Governor.

Registrar

(27) Filed

Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person who should make this return. If a child breathes even once, it must not be reported as stillborn. No report of stillbirths before the fifth month of pregnancy.

FIVE

PLACE OF BIRTH

Chas.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

15 Line

FILE No. For State Register Card

20097A

Registered No.

923A

(For use of Local Registrar)

Ward

City of Charleston, S.C.

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

FULL NAME OF CHILD: Willie Mae Wright Givens

(If child is not yet named, attach supplemental report to district)

Sex of Child Girl	11. Plural births	4. Twin, triplet, or other	5. Premature	7. Legitimate	8. Date July 3rd, 1935
		6. Number, in order of birth	Full term	males	(Month, day, year)

FATHER
Name: Aaron Wright
Residence (usual place of abode): Chas. S.C.
If nonresident, give place and date

MOTHER
Name: Nancy Givens
Residence (usual place of abode): Chas. S.C.
If nonresident, give place and date

Color or race: Colored
12. Age at last birthday: 21 (Years)

20. Color or race: Colored
13. Age at last birthday: 18 (Years)

Birthplace (city or place): Savannah, Ga.
(State or country)

22. Birthplace (city or place): Savannah, Ga.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.: Brick Layer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: -----

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: -----

16. Date (month and year) last engaged in this work: -----
17. Total time (years) spent in this work: -----

25. Date (month and year) last engaged in this work: -----
26. Total time (years) spent in this work: -----

Number of children of this mother at time of this birth and including this child: 1 (a) Born alive and now living: 1 (b) Born alive but now dead: (c) Stillborn: -----

27. Cause of stillbirth: -----

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)

(Signed) Anna White (Deceased)

When there was no attending physician or midwife, then the father, householder, or other person, should make this return.

Name added from Supplemental report: (Date of)

Address: Chas Co., S.C.
File No. 1st, 1930 Anna G. Presnell