

STATE OF SOUTH CAROLINA :  
 COUNTY OF CHARLESTON : )

PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public of So. Car., NANCY GIVENIS 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 GIVENIS  
 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 Givenis *huc*  
 Mother *mark* X L.S.

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 first discovers the child, 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.

Should make this return. If of stillbirths before the

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 legal engineers)

City of \_\_\_\_\_

County of \_\_\_\_\_

Town of \_\_\_\_\_

or Charleston, S.C.

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

If child is not yet named, attach supplemental report to District

FULL NAME OF CHILD Willa Mae Wright Stevens

Sex Girl	If Plural Births	4. Twin, triplet, or other 5. Number, in order of birth	6. Fracture Full term	7. Legit- mate	8. Date <u>July 3rd, 1935</u> (Month, day, year)
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FATHER  
Name Aaron Wright  
Residence (usual place of abode) Chas. S.C.  
If nonresident, give place and State

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

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)

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

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

2. 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. \_\_\_\_\_

3. Date (month and year) last engaged in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

17. Total time (years) spent 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 (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. Cause of stillbirth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Born alive, date July 3rd, 1935

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

(Signed) Anna White  
(Deceased)

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

Address Chas Co., S.C.

Name added from \_\_\_\_\_  
Supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

File No. Oct. 1st, 1930 Anna G. Pressall