

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Cane Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41181

Registration District No. 2801Registered No. 49  
(For use of Local Registrar)

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

## (2) Full Name of Child

R. Wright

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Sex of Parents

(7) DATE OF

BIRTH 11/5/23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jos Roll Wright

(9) PRESENT POSTOFFICE OF FATHER

Lancaster, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill operator

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mollie Steele

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

S.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 alive at Lancaster, S.C. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Lancaster, S.C.

(Given name added from a supplemental report)

1. B. Wright  
1. 2. 3. 4.  
 Registrar

(25) Witness

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

(26) Filed

Jan 1 1924

(27)

W. H. Crayton  
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.

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