

Form No. 1

(1) PLACE OF BIRTH

County of Spaulding
 Township of Campobello
 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

36403

Registration District No. 40.6 Registered No. 163
 (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 Bertha Pauline Wright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 6, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomas O. Wright
 (9) PRESENT POSTOFFICE OF FATHER Immansb.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Spitz Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Beatrice Waters
 (15) PRESENT POSTOFFICE OF MOTHER Immansb.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Spitz Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. E. Thompson M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Immansb.

Given name affid. from a supplemental report

M. B. W. M.D.
6/14/43 19 Registrar

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

(27) Filed Oct 7, 1922 (28) C. A. Capers 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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

m. g.