

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleOR
Inc. Town of GreenvilleOR
City of Greenville

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

(2) Full Name of Child Robert Wright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 21, 1922</u> (Name of Month) (Day) (Year)
-------------------------------	-----------------------------------	--	---------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Wright</u>	(14) NAME BEFORE MARRIAGE <u>Rebecca Wright</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Greenville</u>	(18) BIRTHPLACE <u>Ten Mile Hill S.C.</u>	(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at H.H.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Wright
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed June 28, 1922 (28) J. M. McElharts 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.