

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebron
 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
15955

Registration District No. 3314 Registered No. 15
 (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 Julian Wright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 29, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Silvian Wright

(9) PRESENT POSTOFFICE OF FATHER Smyth, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Wright

(15) PRESENT POSTOFFICE OF MOTHER Clio, S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Labrer

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. on the date above stated.
 (Born alive or stillborn) (Hour or P. M.)

(23) (Signature) Midwife Carrie Beltrina

(24) State whether Physician or midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Date May 31, 22 (28) 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.