

(1) PLACE OF BIRTH

County of Lin
Township of Lynchburg
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

90706

Registration District No. 3002 Registered No. 170
(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 Bon May Wright { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bryant Wright
(9) PRESENT POSTOFFICE OF FATHER Lynchburg S. C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Sumter Co. S. C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Phelia Giles
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S. C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Florence S. C.
(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 2
(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 Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Scarborough
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg S. C.

Given name added from a supplemental report

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

(27) Filed 12/18 19 16 (28) J. H. M. Linton 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.