

(1) PLACE OF BIRTH

County of YorkTownship of W. M. S.or
Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40476

Registration District No. 442 Registered No. 106

(For use of Local Registrar)

(2) Full Name of Child Kenara 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 29 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wright(9) PRESENT POSTOFFICE OF FATHER Filbert SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE York CO(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Blair(15) PRESENT POSTOFFICE OF MOTHER Filbert(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE York CO(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Brown (10)(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Filbert SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov-12-1912 (28) John D. Ford 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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