

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of Blackburg

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

27614

Registration District No. 1000ARegistered No. 87

(For use of Local Registrar)

## (2) Full Name of Child

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 2nd(6) Are Parents Married yes(7) DATE OF BIRTH Sept 18 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME D. A. Wright(9) PRESENT POSTOFFICE OF FATHER Blackburg SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE SC(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Bohelen(15) PRESENT POSTOFFICE OF MOTHER Blackburg SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 27(18) BIRTHPLACE SC(19) OCCUPATION H. Wife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Walter M. Roberts(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Blackburg

Given name added from a supplemental report

(25) Witness

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

(27) Filed Sept 12 1923

(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.

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