

NOTE: IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

MEAD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of York
Township of
or
Inc. Town of
or
City of Rock Hill

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
32706

Registration District No. 4413 Registered No. 176
(For use of Local Registrar)

(No. Mcadee Mills 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 Mary Helen Wright {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL G (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 20, 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Wm Samuel Wright
(9) PRESENT POSTOFFICE OF FATHER Mcadee Mills, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE A.C.
(13) OCCUPATION Textile
(20) Number of children born to mother, including present birth 9

MOTHER
(14) NAME BEFORE MARRIAGE Lucie Harris
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE A.C.
(19) OCCUPATION Hom.
(21) 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 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. A. Day
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill 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 10/27 19 22 (28) J. K. Miller 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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