

PLACE OF BIRTH

County of Marlboro,.....  
 Town of Smithville,....  
 or  
 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

39431

Registration District No. 3396... Registered No. 65.....  
 (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.)

Full Name of Child Mary Wright,..... If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? (2) Number in order of birth (3) Are Parents Married? (4) DATE OF BIRTH Nov. 4..... 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 Full Name Charlie Wright,  
 Present Postoffice of Father Cheraw, S.C.  
 Color or Race Negro,  
 Birthplace S.C.  
 Occupation Farmer,  
 Number of children born to father, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Annita Daniels,  
 (15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.  
 (16) COLOR OR RACE Negro,  
 (17) AGE AT LAST BIRTHDAY 48.....  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House Work,  
 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was..... at 8 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Rosa Washington,  
 (24) ~~State whether Physician or Midwife~~ (25) Address of Physician or Midwife Bennettsville, S.C.

Have name added from a supplemental report

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

(27) Filed May 10..... 1922. (28) W.H. Priest 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.

Registrar Only

4.....  
 (Registrar)

Ward)

ed, make directed

2.....  
 (Year)

52

Year)

5

A.M.,  
 L or P.M.)

Midwife

52

Registrar.  
 return.