

PLACE OF BIRTH

County of Portland
 or
 Town of Compobelle

CERTIFICATE OF BIRTH

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

No. 12.—For State Registrar Only

22551

Registration District No. 40.C

Registered No. 107
 (For use of Local Registrar)

Sex: Male (No. 1 of 1 children born to this mother)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

1. Name of Child: Wright
 (If child is not yet named, make supplemental report as directed)

2. Father's Name: Wright

3. Present Postoffice of Father: Sumner S.C.

4. Color or Race: White (11) Age at Last Birthday: 41 (Year)

5. Birthplace: S.C.

6. Occupation: Farming

7. Number of children born to mother, including present birth: 7

(8) Are Parents Married: Yes

(9) Date of Birth: July 14, 1923
 (Month) (Day) (Year)

MOTHER.

(10) Name before Marriage: Minnie Donohoo

(11) Present Postoffice of Mother: Sumner S.C.

(12) Color or Race: White (17) Age at Last Birthday: 37 (Year)

(13) Birthplace: S.C.

(14) Occupation: Housewife

(15) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born alive at 4 a. M., on the date above stated. (Hour, M. or P. M.)

(21) (Signature) Geo. R. Gibson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife: Sumner S.C.

Given name added from a supplemental report

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

(25) Filed: Aug 1, 1923 (Date)

19 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.