

Form No. 3

(1) PLACE OF BIRTH

County of Charleston
 Township of P. H.
 or
 Inc. 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

3461

Registration District No. 1205... Registered No.
 (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.)

(2) Full Name of Child Jamie Wright (If child is not yet named, make supplemental report as directed)

1) BOY OR GIRL girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Jan 26, 1923
 (Same of Month) (Day) (Year)

FATHER.

8) FULL NAME J. S. Wright
 9) PRESENT POSTOFFICE OF FATHER Society Hill
 10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 34
 12) BIRTHPLACE Charleston, S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Bertha Green
 15) PRESENT POSTOFFICE OF MOTHER Society Hill
 16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 33
 18) BIRTHPLACE Charleston, S.C.
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Williams
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Society Hill

(Given name added from a supplemental report)
J. S. Wright

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. S. Williams
 (27) Filed 19 (28) J. S. Williams 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.