

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor
Inc. Town ofor
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

Registration District No. 912No. 17035

17035

Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child

May Ann Wright

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Female</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>June 26, 1923</u>
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(7) NAME OF FATHER <u>Joe Wright</u>	(8) NAME OF MOTHER <u>Emma Merrill</u>
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(9) PRESENT RESIDENCE OF FATHER <u>Mountville, S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Mountville, S.C.</u>
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(11) COLOR OF CHILD <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>36</u>	(13) COLOR OF MOTHER <u>Colored</u>	(14) AGE AT LAST BIRTHDAY <u>32</u>
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(15) BIRTHPLACE OF FATHER <u>Charleston, S.C.</u>	(16) BIRTHPLACE OF MOTHER <u>Charleston, S.C.</u>
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(17) OCCUPATION OF FATHER <u>Carpenter</u>	(18) OCCUPATION OF MOTHER <u>Home Wife</u>
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(19) Number of children born to mother, including present birth <u>10</u>	(20) Number of children of this mother now living, including present birth <u>6</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.(22) (Signature) Sarah Williams(23) State South Carolina

Given name added from a supplemental report

(24) Witness John Williams(25) (Signature of Witness necessary only when question 24 is checked "yes") John Williams(26) Date June 26, 1923(27) Local Registrar John Williams

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.