

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of Charleston

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17943

Registration District No. 906Registered No. 45  
(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 Abraham Wright

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

3 BOY OR GIRL? Boy

4 Twin or Triplet?

5 Number in order of birth 16 Are Parents Married? No

7 DATE OF BIRTH

June 17, 1922  
(Month) (Day) (Year)

## FATHER.

8 FULL NAME

John Wright

9 PRESENT POSTOFFICE OF FATHER

Charleston

10 COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21  
(Years)

12 BIRTHPLACE

Charleston Co

13 OCCUPATION

Day Laborer

20 Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mollie Ganott

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

Day Laborer

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3.0 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mollie Ganott

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Charleston

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 24, 1922

(28)

Geo E. Beckman  
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.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 5

BUREAU OF VITAL STATISTICS, COLUMBIA S. C.