

DELAYED

AMENDED
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1. PLACE OF BIRTH County of <u>York</u> Township of <u>Ebenezer</u> or Inc. Town of <u>Rock Hill, S.C.</u> City of <u>Rock Hill, S.C.</u> (No. _____ St. _____ Ward _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. _____ Registered No. _____ (For use of Local Registrar)		FILE No.—For State Registrar Only 22 050145	
2. FULL NAME OF CHILD <u>Ineze Francis Wright</u>					
3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other (If Plural births) _____	5. Number in order of birth _____	6. Premature Full term _____	7. Are Parents Married? <u>Yes</u>	8. Date of Birth <u>Sept. 30</u> , 19 <u>22</u> (Month, day, year)
9. Full name FATHER <u>Robert Wright</u>			10. Name before marriage MOTHER <u>Corinthe Loflin</u>		
11. Residence (mailing address) (If non-resident, give place and State) <u>S.C.</u>			12. Residence (mailing address) (If non-resident, give place and State) <u>S.C.</u>		
13. Color or race <u>White</u>	14. Age at last birthday <u>32</u> (Years)	15. Color or race <u>White</u>	16. Age at last birthday <u>30</u> (Years)		
17. Birthplace (city or place) (State or country) <u>S.C.</u>			18. Birthplace (city or place) (State or country) <u>S.C.</u>		
19. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. <u>Textile</u>			20. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
23. Date (month and year) last engaged in this work _____, 19____			24. Date (month and year) last engaged in this work _____, 19____		
25. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____					
28. If stillborn, period of gestation _____ months _____ weeks					
29. Cause of stillbirth _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:00P</u> m. on the date above stated. (When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) <u>Roy D. Sumner</u> , M.D. or _____, Midwife. Address <u>Rock Hill, S.C.</u> Filed <u>May 16</u> , 19 <u>40</u> <u>M. B. Woods</u> , M.D., Registrar.					

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