

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of ..
 or
 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

File No.—For State Registrar Only

36869

Registration District No. 1.00 Registered No. 7.7
 (For use of Local Registrar)

(2) Full Name of Child

Jessie Wright (If child is not yet named, make supplemental report as directed)

(3) ~~SON~~ Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 4, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Wright
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. 139
 (10) COLOR OR RACE Wk (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE Abbeville S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE James Ball
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. 139
 (16) COLOR OR RACE Wk (17) AGE AT LAST BIRTHDAY 36
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (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 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emile X Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. E. Presley

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Nov 13, 1922(28) J. E. Presley

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.