

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Walla
 Inc. Town of
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18758

Registration District No. 3617 Registered No. 31
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>June 2, 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Jacob Wright</u>		(14) NAME BEFORE MARRIAGE <u>Maggie Garrison</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Neuses, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>S.C. Neuses</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>1 2</u>		(21) Number of children of this mother now living, including present birth <u>1 2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Barkley
 (24) State whether Physician or Midwife Midwife (25) Address of Physn. or Midwife Myway St

Given name added from a supplemental report

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

(27) Filed June 5, 1923 (28) J. A. Price 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.