

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown  
 Township of #4  
 or  
 Inc. Town of Andrews SC  
 or  
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3920

Registration District No. 2125 Registered No. 17  
 (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 Mary Wright

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

1. SEX OF CHILD Female 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married? Yes 5. DATE OF BIRTH Feb 1 1923  
 (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME George Wright  
 7. PRESENT POSTOFFICE OF FATHER Andrews SC  
 8. COLOR OR RACE Negro 9. AGE AT LAST BIRTHDAY 25  
 (Year) 10. BIRTHPLACE Georgetown Conf SC  
 11. OCCUPATION Laborer in log wood  
 12. Number of children born to mother, including present birth 2

MOTHER.

13. NAME BEFORE MARRIAGE Mary Doby  
 14. PRESENT POSTOFFICE OF MOTHER Andrews SC  
 15. COLOR OR RACE Negro 16. AGE AT LAST BIRTHDAY 21  
 (Year) 17. BIRTHPLACE Georgetown Conf SC  
 18. OCCUPATION Farmer  
 19. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) 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.)

(21) (Signature) Sally Cochran (22) Address of Physician or Midwife Andrews SC  
 (23) State whether Physician or Midwife

(Given name added from a supplemental report)

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

(25) Filed Feb 17 1923 (26) Rob Bailey 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.