

(3) PLACE OF BIRTH

County of UnionMunicipality of Union

In Town of

or Union

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

37921

Registration District No. 4207 Registered No. 109

(For use of Local Registrar)

(No. Ottarav Mills (M.) Ward)

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

(2) Full Name of Child Charles Earle Wright(1) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 400 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 1, 1923

(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Bertha Puckett(15) PRESENT POSTOFFICE OF FATHER Union S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Spartanburg Co S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth nine(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 1:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Salley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

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

(27) Filed 12-10-1923 (28) J. Salley 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.