

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

12772

Registration District No. 29.05

Registered No. 25

(For use of Local Registrar)

## (2) Full Name of Child

Mary Wright

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

January 29, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jal Wright

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

Saluda Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ada Cullbreath

(15) PRESENT POSTOFFICE OF MOTHER

Lillie S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Lillie Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

Lillie Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Saluda S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15, 1922

(28)

S. W. Koon

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.