

## (1) PLACE OF BIRTH

County of Fairfield

Township of

or  
Inc. Town of

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

42248

Registration District No. 1906

Registered No. 104

(For use of Local Registrar)

## (2) Full Name of Child Sallie Lee Wright

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 9

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 8 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Charles Wright

(9) PRESENT POSTOFFICE OF FATHER

Ridgeway

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

140  
(Years)

(12) BIRTHPLACE

June 1/18/82

(13) OCCUPATION

Farming

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Edmunds

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeway

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

36  
(Years)

(18) BIRTHPLACE

Apr 30/18/86

(19) OCCUPATION

Farming

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

9

## 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.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Alice Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/20/22

(28)

L. E. Hooten  
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.

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TWIN OR TRIPLET? SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

MCCAW