

(1) PLACE OF BIRTH

County of Union
 Township of Progonville
 or
 Inc. Town of Buffalo
 or
 City of _____

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

File No.—For State Registrar Only

22802

Registration District No. 420Registered No. 80
(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 Mrs. Lee M. Cright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Are Parents Married yes (7) DATE OF BIRTH July 1 1923
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME Satdual W. M. Cright(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Mississippi(13) OCCUPATION Boiler Work(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Aggie M. Cright(16) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 26
(Year)(19) BIRTHPLACE Union County(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M., on the date above stated. (Hour) (M. or P. M.)

(23) (Signature) James H. Harrison(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Buffalo 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 July 10 1923 (28) Joe F. Howard 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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