

(1) PLACE OF BIRTH

County of Calhoun

Township of

or
Inc. Town of St. Matthews, SCor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8H

File No.—For State Registrar Only

75902

Registered No. 46
(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 Abraham Wright { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 19th 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Abraham W. Wright(9) PRESENT POSTOFFICE OF FATHER St. Matthews SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Brooker(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pinkney(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian T. Richardson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife St. Matthews SC

Given name added from a supplemental report

(26) Witness AR Able

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

(27) Filed Sept 25 1916 (28) AR Able
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.