

Form No. 3

(1) PLACE OF BIRTH

County of F. Lawrence
Township of Shannon
or
Inc. Town of Shannon
or
City of Shannon

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
40199

Registration District No. 2. A.

Registered No. 413
(For use of Local Registrar)

(2) Full Name of Child Katie Wright

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

(3) BOY OR GIRL girl (4) Twin or Triplet one (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 24, 1923
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FATHER.
(8) FULL NAME Charlie Wright
(9) PRESENT POSTOFFICE OF FATHER F. Lawrence, S. C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE F. C.
(13) OCCUPATION Railroad

MOTHER.
(14) NAME BEFORE MARRIAGE Nancy Wright
(15) PRESENT POSTOFFICE OF MOTHER F. Lawrence, S. C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Sumter, S. C.
(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 3 (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...
on the date above stated.

(23) (Signature) M. F. Wright (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 617 N. 1st St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Dec 24, 1923 P. H. P. H. Buchanan

When there was no attending physician or midwife, then the father, housewife, etc., should report. If a child breathes even once, it must not be reported as stillborn. The report is based on examination before the fifth month of pregnancy.

Use in case of twins or triplets use a separate blank form each child, and mark the first-born No. 1 the other No. 2, etc. in question 1

Revised by Columbia, Columbia, S. C.