

## (1) PLACE OF BIRTH

County of YorkTownship of Broad River

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24316

Registration District No. 4402Registered No. 49

(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 Louis Wright

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

(3) BOY OR GIRL Girl

Twin or Triplet?

(5) Number in order of birth

Are Parents Married? yes

(7) DATE OF BIRTH

BIRTH July 18 1907  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luther Wright(9) PRESENT POSTOFFICE OF FATHER Wickory Grove(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE York(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Nattie Wright(15) PRESENT POSTOFFICE OF MOTHER Wickory Grove(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE York(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. N. Mullen at York, S. C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. N. Mullen

(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 July 1 1907

(28)

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.