

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Edenor
Inc. Town of Edenor
City of SC(No. St. Ward)
(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

33306

Registration District No. 36Registered No.
(For use of Local Registrar)(2) Full Name of Child Dashawn Wright

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

(3) SEX OF CHILD
Male(4) Twin or Triplet
To be marked only in event of Twin or Triplet(5) Number in order of birth
1(6) DATE OF BIRTH
Feb 16, 25(7) DATE OF BIRTH
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Wright(9) PRESENT POSTOFFICE OF FATHER Eden(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Lab(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bill MARR(15) PRESENT POSTOFFICE OF MOTHER Eden(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Lab(20) 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 born alive at 3:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julius Wright

(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 "Stillborn")

(27) Filed Feb 16, 25 (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.