FORM NO. 2.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66285

(1) PLACE OF BIRTH
County of Spartanburg
Township of Pacolet
or
Inc. Town of ..... Registration District No. 4006 Registered No. 98
(For use of Local Registrar)
or
City of ..... St.: ..... Ward)
(No. .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. John Davis Wright — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (To be answered only in regard to Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 24 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Wright
(9) PRESENT POSTOFFICE OF FATHER Pacolet R.F.D. 2
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Grover
(15) PRESENT POSTOFFICE OF MOTHER Pacolet R.F.D. 2
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Home aid
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at ..... M.,
(Born Alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Herbert Wright Father
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness M. W. Brown
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed D-1- 1916. (28) M. W. Brown
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH PEN AND INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
of Columbia
McCaw