

(1) PLACE OF BIRTH

County of Harris

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or 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

No. 28304 - For State Register Only

28304

Registration District No. 2.8.8.7 Registered No. 2.3

(For use of Local Registrar)

(2) Full Name of Child

Robert Wright

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

(7) BOY OR GIRL <u>Boy</u>	(8) Twin or Triplet To be answered only in event of Twin or Triplet	(9) Number in order of birth <u>1</u>	(10) Are Parents Married <u>Yes</u>	(11) DATE OF BIRTH <u>9/16</u> 19 <u>43</u> (Name of Month) (Day) (Year)
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FATHER.

(12) FULL NAME	(13) PRESENT POSTOFFICE OF FATHER	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY (Years)	(16) BIRTHPLACE	(17) OCCUPATION
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MOTHER.

(18) NAME BEFORE MARRIAGE <u>Julia Wright</u>	(19) PRESENT POSTOFFICE OF MOTHER <u>Monroeville, Pa</u>	(20) COLOR OR RACE <u>White</u>	(21) AGE AT LAST BIRTHDAY <u>18</u>	(22) BIRTHPLACE <u>St. Louis, Mo</u>	(23) OCCUPATION <u>Housewife</u>
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(24) Number of children born to mother, including present birth

(25) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was 12:15 at 11 P. M. on the date above stated.(27) (Signature) John M. Jackson

(28) State whether Physician or Midwife

(29) Address of Physician or Midwife

Given name added from a supplemental report

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

(31) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.