

## (1) PLACE OF BIRTH

County of Marlboro,.....Township of Smithville,....or  
Inc. Town of.....or  
City of .....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; ..... Ward)(2) Full Name of Child Lucy Wright

File No.—For State Registrar Only

43785

Registration District No. 3306... Registered No. 72.....  
(For use of Local Registrar)

|                        |  |                                     |                                 |  |
|------------------------|--|-------------------------------------|---------------------------------|--|
| (3) <u>BOY OR GIRL</u> | (4) <u>Twin or Triplet?</u><br>To be answered only in event of Twins or Triplets | (5) <u>Number in order of birth</u> | (6) <u>Are Parents Married?</u> | (7) <u>DATE OF BIRTH</u> <u>Dec 18</u> <u>1922</u><br>(Name of Month) (Day) (Year) |
|------------------------|--|-------------------------------------|---------------------------------|--|

## FATHER.

(8) FULL NAME William Wright(9) PRESENT POSTOFFICE OF FATHER Gibson N.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26.....  
(Years)(12) BIRTHPLACEN.C.(13) OCCUPATIONFarm Labor(20) Number of children born to mother, including present birth { 1.....

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie Sweet(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22.....  
(Years)(18) BIRTHPLACES.C.(19) OCCUPATIONHouse Work(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..... at 11:20 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rose Washington(24) State whether Physician or Midwife(25) Address of Physician or Midwife  
Bennettsville, S.C.

Given name added from a supplemental report

(26) Witness.....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed JAN 30 1923 (28) W. N. P. R.  
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 UNFADING 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.