

(1) PLACE OF BIRTH

County of Albany
 Township of Sharon
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. 19728 for State Registrar Only

Registration District No. 44.85 Registered No. 32
 (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 Laura Lee Wright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2nd (6) Age Parents 40 (7) DATE OF BIRTH July 10, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Arrington Wright</u>		(14) NAME BEFORE MARRIAGE	<u>Lila Ragood</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Luray St.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Luray St.</u>	
(10) COLOR OR RACE	<u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(16) COLOR OR RACE	<u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(12) BIRTHPLACE	<u>Hampton County</u>		(18) BIRTHPLACE	<u>Hampton County</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>1</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. D. Darby (24) State whether Physician or Midwife Midwife (25) Signature of Physician or Midwife L. D. Darby

(If name added from a supplemental report)

L. Darby
Jan 7, 1924
 Registrar

(26) Witness L. D. Darby
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 5, 1923 (28) L. D. Darby
 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.