

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 8.

(1) PLACE OF BIRTH

County of Chas. S.C.  
Township of .....  
or  
Inc. Town of .....  
or  
City of Chas. S.C.  
(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

41214

1851

Registration District No. 9A

Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

Joseph Wright

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 3 1892  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

James Wright

(9) PRESENT POSTOFFICE OF FATHER

Chas. S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Edisto Isld

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Chas. S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

Brunswick Ga

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...  
on the date above stated.

White at 12:45 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

137 Chart St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness, necessary only when question 23 is signed by mark)

(27) Filed

1/2 18 92

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.