

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston

(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

88712

Registration District No. 9ARegistered No. 1391

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Florence Louise Wright

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no(7) DATE OF BIRTH Apr. 10 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jack Wright

(9) PRESENT POSTOFFICE OF FATHER

Rockville

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE

Rockville

(13) OCCUPATION

Farmer

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Ann Patton

(15) PRESENT POSTOFFICE OF MOTHER

120 Cannon

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE

City

(19) OCCUPATION

Washerwoman

(20) 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 born alive at 2 A M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Alice P. Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

W. H. Wright120 Cannon

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 12/14/16

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(28)

J. Mercer Green H. D.

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.

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