

## (1) PLACE OF BIRTH

County of FairfieldTownship of Hedgesvilleor  
Inc. Town of Hedgesvilleor  
City of Hedgesville

(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

30071

Registration District No. 1906Registered No. 73  
(For use of Local Registrar)(2) Full Name of Child Florence Wright

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 9 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Wright Jr(9) PRESENT POSTOFFICE OF FATHER Hedgesville S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 28  
(Year)(12) BIRTHPLACE Nov 8/18/94(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Flurence Worthington(15) PRESENT POSTOFFICE OF MOTHER Hedgesville S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE Oct 9/8/91(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. B. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 12/7 22(28) D. E. ... 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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RECEIVED BY COLUMBIA, COLUMBIA, S. C.