

## (1) PLACE OF BIRTH

County of SumterTownship of Shilohor  
Inc. Town ofor  
City of(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(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

79437

Registration District No. 4-10-7 Registered No. 103  
(For use of Local Registrar)

## (2) Full Name of Child

Norman 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  
To be answered only in case of Twins or Triplets(6) Are Parents Married?  
Yes(7) DATE OF BIRTH  
Sept. 28 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Walter Wright

(9) PRESENT POSTOFFICE OF FATHER

Lynchburg, S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY  
41 (Years)

(12) BIRTHPLACE

Sumter Co.

(13) OCCUPATION

Farming

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Sumter

(15) PRESENT POSTOFFICE OF MOTHER

Lynchburg, S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY  
31 (Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

Housework

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 AM. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. J. Wright(24) State whether Physician or Midwife  
Midwife(25) Address of Physician or Midwife  
Shiloh, S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed 10-9 1916(28) S. B. McQueen 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.