

Form No. 1

## (1) PLACE OF BIRTH

County of GreenwoodTownship of 11

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar only

30570

Registration District No. 2306 Registered No. 125  
(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 Archie Jack 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 Sept. 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Scott Wright(9) PRESENT POSTOFFICE OF FATHER Greenwood R.D. 6(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Greenwood Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Wright?(15) PRESENT POSTOFFICE OF MOTHER Greenwood R.D. 6(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION At Home(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Masch(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenwood R.D. 6

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1922 (28) A. B. Brooks  
Registrar 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.