

THIS IS A PRELIMINARY REPORT. WHEN THE CHILD IS A YEAR OLD, THE REPORTER SHALL FILE A SEPARATE BLANK FOR EACH CHILD, AND MAIL THE SAME TO THE STATE BOARD OF HEALTH, COLUMBIA, S. C. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MAIL THE SAME TO THE STATE BOARD OF HEALTH, COLUMBIA, S. C. IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc. IN CASE OF SECOND-BORN, No. 3, etc.

(1) PLACE OF BIRTH

County of Allendale  
Township of .....  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 46

No. 105 - For this Register only  
**30811**

Registered No. 105  
(For use of Local Registrar)

(2) Full Name of Child

JAMES WRIGHT

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

(3) SEX <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>10</u>	(7) DATE OF BIRTH <u>Oct 1 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Sam Wright</u>			(9) FULL NAME <u>Samie Hammond</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Allendale S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Allendale S.C.</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>65</u>	(14) COLOR OR RACE <u>Negro</u>		
(15) BIRTHPLACE <u>S.C.</u>	(16) BIRTHPLACE <u>S.C.</u>			
(17) OCCUPATION <u>Farm Labor</u>	(18) OCCUPATION <u>Farm Labor</u>			
(19) Number of children born to mother, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Ellen F. Hunter  
(23) State whether Physician or Midwife Midwife  
(24) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report  
(25) Witness L. H. Boyd  
(26) Filed Oct 13 1923  
(27) Local Registrar L. H. Boyd M.D.

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.