

## PLACE OF BIRTH

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Use

20222-A

Bureau of Vital Statistics

State Board of Health

Registration District No. 9a

Registered No. 1987

(For use of Local Registrar)

(No. of Registrar's Office)

Wood

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

FULL NAME OF CHILD

Boy or Girl

Full name

1. Plural birth

4. Twin, triplet, or other

5. Premature

7. Are Parents

8. Date of birth

23

## FATHER

Full name

Paul Wright

Residence (usual place of abode)

(If non-resident, give place and State)

170 Comings St.

Color or race

Negro

12. Age at last birthday

unobtainable

Birthplace (city or place)

(State or country)

J. C.

14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Pacific Coast Text.

16. Date (month and year) last engaged in this work

19

17. Total time (years) spent in this work

19

Number of children of this mother

(At time of birth, and including this child)

(a) Born alive and now living

1

(b) Born alive but now dead

0

(c) Stillborn

0

If stillborn, period of gestation

{ months weeks

29. Cause of stillbirth

{ Before labor During labor

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Born alive or stillborn)

(Signed)

J. F. White

M. D.

Address

Superior Hospital

Filed

100

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