

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. 9000 Hospital No.)

(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

James Wright

Sex, or Sex

Boy

1. Plural Births

4. Twin, triplet, or other

5. Premature

7. Are Parents

8. Date of Birth

July 30 1923

2. Number, in order of birth

Full term

Married? Yes

Month, day, year

Full name

FATHER

Paul Wright

MOTHER

Emma Stella

Residence (usual place of abode)

(If non-resident, give place and State)

170 Conway St.

19. Residence (usual place of abode)

(If non-resident, give place and State)

170 Conway St.

Color or race

Negro

20. Age at last birthday

unobtainable

Color or race

Negro

21. Age at last birthday

24 (Years)

Birthplace (city or place)

Johns Island, S.C.

22. Birthplace (city or place)

Charleston, S.C.

(State or country)

(State or country)

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

Clerk

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Home work

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

Pipkin Lumber Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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

19

17. Total time (years) spent in this work

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

20

26. Total time (years) spent in this work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Born alive or stillborn)

(Signed)

Wm. J. Ford M.D.

(Signed)

J. F. White M.D.

Address

Roper Hospital

Filed

July 16, 1923

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

The name added from supplemental report

(Date of)

LEON BARNETT