

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

DATE OF BIRTH

17 0 18 a

County of CharlestonTownship of St. Andrew

City of _____

City of _____

City of _____

Registration District No. 908

Registered No. _____

(For use of Local Registrar)

(No. Home 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

Bernice Wright

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

3. BOY OR GIRL girl

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

June 21 1923

To be answered only in event of Twin or Triplet

FATHER

MOTHER

8. FULL NAME

Thomas Wright

14. NAME BEFORE MARRIAGE

Mary James

9. PRESENT POSTOFFICE OF FATHER

Johns Island S.C.

15. PRESENT POSTOFFICE OF MOTHER

Johns Island S.C.

10. COLOR OR RACE

W.C.

11. AGE AT LAST BIRTHDAY

28 (Years)

16. COLOR OR RACE

W.C.

17. AGE AT LAST BIRTHDAY

28 (Years)

12. BIRTHPLACE

S.C.

18. BIRTHPLACE

S.C.

13. OCCUPATION

Labr

19. OCCUPATION

Hom. Wif

20. Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Maggie H. Howard

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Johns Island S.C.

Given name added from a supplemental report

26. _____

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

27. Filed _____

19 _____

28. _____

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.

Before the fifth month of pregnancy.