

(1) PLACE OF BIRTH

County of LanhamTownship of Lanham

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15636

Registration District No. 2914 Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child John Wright { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 28</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Carl Wright(9) PRESENT POSTOFFICE OF FATHER Lanham(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Lanham(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Robinson(15) PRESENT POSTOFFICE OF MOTHER Lanham(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Lanham(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 W.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John H. Shell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Lanham

Given name added from a supplemental report

(26) Witness Lane Martin
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 6 (28) John H. Shell 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.

No Registrar Only

30

(Registrar)

Ward

number

named, make

rt as directed

22

(Year)

Dilled

C. R. H.

28

(Year)

130

M. or P. M.)

or Midwife

25