

Form No. 10.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia.

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

(1) PLACE OF BIRTH *Charleston*
 County of *Charleston*
 Township of *Candlerville*
 or
 Inc. Town of Registration District No. *1002* Registered No. *29*
 or
 City of (No. 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 *Abner Simon Wright* If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
45714

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married	(7) DATE OF BIRTH <i>June 4, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>J. G. Wright</i>	(14) NAME BEFORE MARRIAGE <i>Eda Shanks</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Caffery, S. C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Caffery, S. C.</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>40</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>29</i> (Years)	
(12) BIRTHPLACE <i>Charleston, S. C.</i>	(18) BIRTHPLACE <i>Charleston, S. C.</i>			
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>8</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *J. G. Wright*

(24) State whether Physician or Midwife: *Natural* (25) Address of Physician or Midwife: *Caffery, S. C.*

Given name added from a supplemental report 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *A. L. Little, M.D.*

(27) Filed *Jan 12, 1916* (28) *A. L. Little, M.D.* 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.

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