

(1) PLACE OF BIRTH
County of Lenny
Township of Barney
or
Inc. Town of
or
City of (No. 1 St.; 1 Ward)
(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
43251

Registration District No. 2502 Registered No. 165
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 18 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin H. Wright

(9) PRESENT POSTOFFICE OF FATHER Barney, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Barney, South Carolina

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy J. Todd

(15) PRESENT POSTOFFICE OF MOTHER Barney

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Barney, South Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) Malinda M. Howell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Barney, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 21 1905 (28) J. S. Boyer 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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