

## (1) PLACE OF BIRTH

County of Harry  
 Township of Little River  
 or  
 Inc. Town of .....  
 or  
 City of W. Amherst S.C. (No. .... St. .... Ward ..)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 28848 - For State Registrar Only

Registration District No. 61 Registered No. 58  
 (For use of Local Registrar)

(2) Full Name of Child Irene Bright

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

(3) SEX OF CHILD GIRL (4) Twin or Triplets No (5) Number in order of birth 1 (6) Age of child at birth 1 year 0 months 23 days  
 To be answered only in case of Twin or Triplets

## FATHER.

(8) FULL NAME Joe Bright  
 (9) PRESENT POST OFFICE OF FATHER Wampan  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 55  
 (12) BIRTHPLACE Whitewater N.C.  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Laura Skipper  
 (15) PRESENT POST OFFICE OF MOTHER Wampan S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE Wampan  
 (19) OCCUPATION House Work

(20) Number of children born to mother, including present birth Six (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ... at 2-3 P.M. on the date above stated.

(23) (Signature) Catherine Randall Wampan S.C.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Joe Bright  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed ..... (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 stillborns before the fifth month of pregnancy.