

Form No. 3

(1) PLACE OF BIRTH

County of Florence S.C.

Township of

OF

Inc. Town of

City of Florence S.C.

(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

No. 10.—For State Register Only

40193

Registration District No. 20.A

Registered No. 406
(For use of Local Registrar)

(2) Full Name of Child Walter Wright

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Dec 18 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Wright

(9) PRESENT POSTOFFICE OF FATHER

Florence S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

1

(12) BIRTHPLACE

Florence County

(13) OCCUPATION

Days Labor

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Spears

(15) PRESENT POSTOFFICE OF MOTHER

Florence

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

12

(18) BIRTHPLACE

Florence S.C.

(19) OCCUPATION

House Wife

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

Two

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... on the date above stated.

(Born alive or otherwise)

(How long after birth)

(23) Name of Physician or Midwife

Augusta Williams

(24) Address of Physician or Midwife

Florence

(25) Name of Midwife

Midwife

(26) Address of Midwife

Florence

Given under my hand and seal

(27) Signature of Registrar

[Signature]

(28) Date of Registration

Dec 18 1923

(29) Place of Registration

Florence S.C.