

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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

25077

Registration District No. 9ARegistered No. 1133

(For use of Local Registrar)

(2) Full Name of Child Melton Fisher Wright

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

(3) BOY OR GIRL

Boy(4) Twin or Triplet? ☒(5) Number in order of birth ☒(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold Edward Wright(9) PRESENT POSTOFFICE OF FATHER Charleston, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Ga.(13) OCCUPATION Minister(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Marion Miller(15) PRESENT POSTOFFICE OF MOTHER Charleston, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION H. Wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Price, wife(24) State whether Physician or Midwife P.(25) Address of Physician or Midwife 248 Calhoun St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/12 19 28

(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 stillbirths before the fifth month of pregnancy.