

(1) PLACE OF BIRTH

County of Calhoun
 Township of Amelia
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29115

Registration District No. 800Registered No. 124
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 25, 22
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Wright
 (9) PRESENT POSTOFFICE OF FATHER Fort Motte S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Fort Motte S.C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive Sept 25 at 7 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann X Scott(24) State whether Physician or Midwife(25) Address of Physician or MidwifeFort Motte S.C.

Given name added from a supplemental report

(26) Witness

J. Woodley M.D.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct 4 1922

(28)

A. R. Able

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.

N. B.

McGraw of Columbia, Columbia S. C.

Registrar

(27) Filed

(28)

Local Registrar.

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McGraw of Columbia, Columbia S. C.
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the