

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40916

(1) PLACE OF BIRTH

County of Beaufort
Township of Beaufort
or
Inc. Town of.....
or
City of.....

Registration District No. 4-0... Registered No. 168
(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 Oscar Wright {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 12 4 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Nerlin Wright
(9) PRESENT POSTOFFICE OF FATHER Beaufort
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE Beaufort
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Beaufort
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE Beaufort
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Susan Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

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

(27) Filed 12/9/22 (28) John Coona
Registrar 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.