

## (3) PLACE OF BIRTH

County of

Township of

City of

(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

Registration District No. 3962

No. - For State Register Only  
4594Registered No. 8  
(For use of Local Registrar)

(1) Full Name of Child

Maule Bright

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

(2) SEX OF CHILD

Boy

(3) Type of Birth

To be entered only in case of Twin or Triple

(4) Number in order of birth

(5) Date of Birth

(6) Month of Birth

2

20

23

(Name of Month) (Day) (Year)

## FATHER

(7) Full Name

William Bright

(8) Present Residence of Father

Libron NC

(9) Color of Race

Col

(10) Age at Last Birthday

27

(Years)

(11) Birthplace

SC

(12) Occupation

Farmer

(13) Number of children born to mother, including present birth

4

## MOTHER

(14) Name before Marriage

Maggie Quirk

(15) Present Residence of Mother

Libron NC

(16) Color of Race

Col

(17) Age at Last Birthday

21

(Years)

(18) Birthplace

SC

(19) Occupation

Housewife

(20) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

D. D. Thomas M.D.

(23) Date whether

(24) Address of Physician or Midwife

Given name added from a supplemental report

When there was no attending physician or midwife, the report should be made by the mother or a child brother or sister.