

(1) PLACE OF BIRTH

County of Richmond

Township of

or
Inc. Town ofor
City of Essex

(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 HealthNo. 29785
For this Register onlyRegistration District No. 37 A. Registered No. 128
(For use of Local Registrar)(2) Full Name of Child Mary Edna (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Name in order of birth 1st (6) Age of child at birth 2 years 3 months 23 days (7) DATE OF BIRTH Sept 2, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William F. Bridges(9) PRESENT POSTOFFICE OF FATHER Essex(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Painter(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Nally(15) PRESENT POSTOFFICE OF MOTHER Essex(16) COLOR OR RACE White (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 Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) H. F. Wyatt, M.D.
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Essex

Given name added from a supplemental report

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

(26) Filed Oct 2, 1923 (27) E. F. Wyatt, Local Registrar

When this was attended by physician or midwife, then the father, householder, etc., should make this return. If a child is born even when it was not reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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