

(1) PLACE OF BIRTH

County of Horry
 Township of Pocahontas
 or
 Inc. Town of Fishery
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90300

Registration District No. 2403 Registered No. 73
 (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 Howard 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9 16
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morris Wright
 (9) PRESENT POSTOFFICE OF FATHER Fishery
 (10) COLOR OR RACE Nro (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Saw mill Work
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Verdie Singleton
 (15) PRESENT POSTOFFICE OF MOTHER Fishery SC
 (16) COLOR OR RACE Nro (17) AGE AT LAST BIRTHDAY 27
 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION House Work
 (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 at 5-0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lana X Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fishery

Given name added from a supplemental report

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

(27) Filed Dec 16 16 (28) J.B. McLean 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.