

1) PLACE OF BIRTH

County of Bamberg  
 Town of 3 mile

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 11.—For State Registrar Only  
3871

Registration District No. 404 Registered No. 129  
 (For use of Local Registrar)

(No. 129 St. 129 Ward 129)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Ella Mae Wright (If child is not yet named, make supplemental report as directed)

3) SEX OF CHILD Girl (4) Twin or Triplet 2 (5) Are Parents Married yes (6) DATE OF BIRTH June 27, 23  
 (Month) (Day) (Year)

**FATHER.**  
 FULL NAME George Wright  
 PRESENT POSTOFFICE OF FATHER Alas S b  
 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27  
 (Year)  
 BIRTHPLACE S b  
 OCCUPATION Farming  
 Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Mary Glover  
 (15) PRESENT POSTOFFICE OF MOTHER Alas S b  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23  
 (Year)  
 (18) BIRTHPLACE S b  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. J. H. Moore (23) Address of Physician or Midwife Alas S b  
 (24) State whether Physician or Midwife Midwife

Give name added from a supplemental report  
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 22, 1923 (28) H. D. Richard 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.