

(1) PLACE OF BIRTH  
 County of Williamsburg  
 Township of Jordan  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

File No.—For State Registrar Only

75116

Registration District No. 4304 Registered No. 95  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ye (7) DATE OF BIRTH August, 17, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Redman Wright  
 (9) PRESENT POSTOFFICE OF FATHER Walter S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Buttons Neck S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sarah Hamer  
 (15) PRESENT POSTOFFICE OF MOTHER Walter S.C.  
 (16) COLOR OR RACE Blond (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Florence S.C.  
 (19) OCCUPATION Honar Keeper  
 (21) Number of children of this mother now living, including present birth } 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Alston  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hammway S.C.

Given name added from a supplemental report

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

(27) Filed Aug 27, 1916 (28) L. L. Cud 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.