

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of 24

OR

Inc. Town of .....

OR

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

File No. — For State Registrar Only

30065

Registration District No. 1923 Registered No. 20

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

John Harold 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

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept 2 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Harold Wright

(9) PRESENT POSTOFFICE OF FATHER

Winston

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31  
(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rose Patrick

(15) PRESENT POSTOFFICE OF MOTHER

Winston

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35  
(Years)

(18) BIRTHPLACE

White Gap

(19) OCCUPATION

House Wife

(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 Born alive at 11:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

James Lindsay

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.