

MAINTAIN THIS COVERED FOLD-BINDING.
WHITE 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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Richland
Township of Blythewood
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16506

Registration District No. 3800

Registered No. 58
(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 Walter Wright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 4 1922
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Ezell Wright (9) PRESENT POSTOFFICE OF FATHER Blythewood (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (Years) (12) BIRTHPLACE Richland (13) OCCUPATION farmer

MOTHER. (14) NAME BEFORE MARRIAGE Uesla Williams (15) PRESENT POSTOFFICE OF MOTHER Blythewood (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Years) (18) BIRTHPLACE Richland (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth four (21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie Williams (24) State whether Physician or Midwife 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 May 10 1922 (28) W. A. 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.