

Form No. 1

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

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

33984

Registration District No. 150 Registered No. 106  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 4 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Douglas Wright

(9) PRESENT POSTOFFICE OF FATHER

Summersville

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Kirkland

(15) PRESENT POSTOFFICE OF MOTHER

Summersville

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House duties

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Margaret Peoples

(24) State whether

Physician or midwife

(25) Address of Physician or Midwife

Summersville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 16 1922 (28) R. J. Chaplin  
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. 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.