(1) PLACE OF BIRTH

County of Clarendon

Township of Santee

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
24060

Registration District No. 1313 Registered No. 34
(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 Joe 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	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		yes	Aug 13 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Isaac Wright	(14) NAME BEFORE MARRIAGE: Lilly Maxwell
(9) PRESENT POSTOFFICE OF FATHER: Jordan SC	(15) PRESENT POSTOFFICE OF MOTHER: Jordan SC
(10) COLOR OR RACE:	(11) AGE AT LAST BIRTHDAY: 26 (Years)
(10) COLOR OR RACE:	(17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Clarendon Co	(18) BIRTHPLACE: Clarendon Co
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: 1 Five	(21) Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 90 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Nelson

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Jordan

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 11 1923 (28) A. Hughes
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.