

Form No. 1.

(1) PLACE OF BIRTH

County of Danville
Township of Bull Run
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

48128

Registration District No. 14 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child Thomas Wright Jr.

If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Wright
(9) PRESENT POSTOFFICE OF FATHER Ulenadah SC RFD
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Ulenadah SC
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Sobron
(15) PRESENT POSTOFFICE OF MOTHER Ulenadah SC RFD
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Ulenadah SC
(19) OCCUPATION Laborer
(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 born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary J. Hudson
(24) State whether Physician or Midwife and Address of Physician or Midwife
Midwife Ulenadah SC

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 19 1906 (28) J. H. K. ... 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 PRESERVED FOR INDEXING. 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. McCaw, of Columbia.