

(1) PLACE OF BIRTH  
 County of York  
 Township of .....  
 or  
 Inc. Town of York  
 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  
41999

Registration District No. 44-4 Registered No. 42  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1918  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Isaac Wright jr  
 (9) PRESENT POSTOFFICE OF FATHER York Sc  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE York Sc.  
 (13) OCCUPATION Carpenter  
 (20) Number of children born to mother, including present birth 10

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Fanny Mylie  
 (15) PRESENT POSTOFFICE OF MOTHER York Sc  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE York G. Sc.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 7:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) M. J. Barron  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife York 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 Dec 27 1918 (28) M. J. Warden 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.  
 MICHIGAN REGISTERED IN THE BIRTHING. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 M. W. of Columbia

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