CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 838

(1) PLACE OF BIRTH
County of Clarendon
Township of Manning
or
Inc. Town of .....
or
City of .....

Registration District No. 2302 Registered No. 4 (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 Fannie Wright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH: Jan 23 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Felder Wright
(9) PRESENT POSTOFFICE OF FATHER: Summerton S.C.
(10) COLOR OR RACE: Col
(11) AGE AT LAST BIRTHDAY: 38 (Years)
(12) BIRTHPLACE: Clarendon Co
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 8

MOTHER.

(14) NAME BEFORE MARRIAGE: Lizzie Wright
(15) PRESENT POSTOFFICE OF MOTHER: Summerton S.C.
(16) COLOR OR RACE: Col
(17) AGE AT LAST BIRTHDAY: 24 (Years)
(18) BIRTHPLACE: Clarendon Co
(19) OCCUPATION: Home & Field Work
(21) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lillie Jackson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report ..... 19..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 30 1922 (28) F. E. Richbourg 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.

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FIRST MONTH, No. 1—THE OTHER, No. 2, etc. in question 8.