

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Catawba

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Anna S. WrightNo. for this Register
5520Registration District No. 4404 Registered No. 11
(For use of Local Registrar)(3) SEX OR GENDER Girl (4) Type or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH Feb 8 1923
(Name of Month) (Day) (Year)

FATHER

(7) FULL NAME W. M. Wright
(8) PRESENT POSTOFFICE OF FATHER Catawba
(9) COLOR OR RACE Neg (10) AGE AT LAST BIRTHDAY 45
(11) BIRTHPLACE SC
(12) OCCUPATION Farming
(13) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Katie Stewart
(15) PRESENT POSTOFFICE OF MOTHER Catawba SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Near A. M. or P. M.)
on the date above stated.(22) (Signature) Blanca Smith(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Catawba SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed 3/17 23 (27) 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.