

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Millman
 or
 Inc. Town of Liber
 or
 City of _____

CERTIFICATE OF BIRTH

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

Registration District No. 38

File No.—For State Registrar Only

5788Registered No. 331
(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

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>March 15, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>G. C. Wright</u>	14) NAME BEFORE MARRIAGE <u>Ossie White</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Pulaski</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Pulaski</u>			
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	16) COLOR OR RACE <u>White</u>		17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
12) BIRTHPLACE <u>Ga</u>	18) BIRTHPLACE <u>Ga</u>			
13) OCCUPATION <u>Mill Work</u>	19) OCCUPATION <u>Domestic</u>			
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. D. D. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

My 10 50

(Given name added from a supplemental report)

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 5, 1923 (28) W. R. D. D. D. 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 RESERVED FOR BINDING.
 WRITE PLAINLY. WITH IN-FLUENCING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 3.