

WRITE PLAINLY, WITH UNFADING 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 1.
BUREAU OF VITAL STATISTICS, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Shiloh
OR
Inc. Town of
OR
City of

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

Registration District No. 4-10-7

File No.—For State Registrar Only
2644-i

Registered No. 75
(For use of Local Registrar)

(2) Full Name of Child Naturn W. Wright
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Boy
(4) Twin or Triplet? No
(5) Number in order of birth 1st
(6) Parents Married? Yes
(7) DATE OF BIRTH July 29, 1923
(Place of Birth) (Day) (Year)

FATHER
(8) FULL NAME Willie M. Wright
(9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 6

MOTHER
(14) NAME BEFORE MARRIAGE Ida M. Leedy
(15) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) Matha Wilson
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Shiloh, S.C.

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

(26) Witness
(Signature of Witness necessary only when question 23 is signed "stillborn")
(27) Filed 8-14-23 S.B. McQueen

*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.