FORM NO. 2

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
43332

1. PLACE OF BIRTH

County of Aiken

Township of City

Inc. Town of

City of

Registration District No. 60 Registered No. 46 (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 Frank Wright

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 28 (Name of Month) (Day) 5 (Year)

FATHER

(8) FULL NAME Frank Wright

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. James Tetlica

(15) PRESENT POSTOFFICE OF MOTHER Williams

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Frank Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1916 (28) Local Registrar

When there was no attending physician or midwife then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.