

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1905

123

(1) PLACE OF BIRTH

County of FLORANCE S.C.Township of FLORANCE S.C.Inc. Town of FLORANCE S.C.City of FLORANCE S.C.Registration District No. 2005Registered No. 123

(For use of Local Registrar)

(No. negro 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 Arthur Wright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 8, 1905
(Name of Month) (Day) (Year)

FATHER. George Wright MOTHER. Ellen Davis(8) FULL NAME George Wright (14) NAME BEFORE MARRIAGE Ellen Davis(9) PRESENT POSTOFFICE OF FATHER FLORANCE S.C. (15) PRESENT POSTOFFICE OF MOTHER FLORANCE S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 3 (12) AGE AT LAST BIRTHDAY 5 (Years)(13) BIRTHPLACE FLORANCE S.C. (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 5 (Years)(18) OCCUPATION RR Shop (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at FLORANCE S.C. (Hour A. M. or P. M.) 11:00
on the date above stated. (Born alive or stillborn) born(23) (Signature) Roseanna Harrison (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife FLORANCE S.C.Given name added from a supplemental report McGraw(26) Witness W. M. Harrison (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed McGraw 191 5 (28) H. M. Oger 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.

MASSAGE RECOMMENDATIONS UNDER EXAMINATION.
WITH 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 N. No. 1, THIS OTHER, No. 2, etc., in question 8.