

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

File No.—For State Registrar Only  
**44717**

(1) PLACE OF BIRTH  
County of Greenville  
Township of Springfield  
or  
Inc. Town of Saxon Registration District No. 4008 Registered No. 396  
(For use of Local Registrar)  
City of \_\_\_\_\_ (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 Mary Lee Wright If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Yes Married? Yes (7) DATE OF BIRTH Dec. 30, 1912  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Thos. Ben Wright  
(9) PRESENT POSTOFFICE OF FATHER Saxon mill  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Fair View N. C.  
(13) OCCUPATION mill operator  
(20) Number of children born to mother, including present birth one

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Ann Gowan  
(15) PRESENT POSTOFFICE OF MOTHER Saxon mill  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Anniston S. C.  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 12-30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. M. McCall (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
\_\_\_\_\_, 191\_\_\_\_  
\_\_\_\_\_  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Jan 4, 1913 (28) E. F. Parker 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.

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