

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

18392

County of DillonTownship of Hareersville

or

Inc. Town of .....

or

City of .....

Registration District No. 1602Registered No. 42

(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 Gladys 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

(6) Are Parents Married Yes(7) DATE OF BIRTH June 18, 1922  
(Same of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Neopolis Wright(9) PRESENT POSTOFFICE OF FATHER Dillon Sc R1(10) COLOR OR RACE Cleard (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Sc(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Six

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jane Alford(15) PRESENT POSTOFFICE OF MOTHER Dillon Sc R1(16) COLOR OR RACE Cleard (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE Sc(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mozelle M. Hill(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock Sc.

Given name added from a supplemental report

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

(27) Filed June 21, 1922 (28) B. H. H. H. 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.

N. H.—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 5.

MADE IN COLUMBIA, S. C.