

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of Beachburg, N.C.

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27615

Registration District No. 100 A.A. Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child

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 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 18 1923

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME M. A. Wright

(14) NAME BEFORE MARRIAGE Julia Boheler

(9) PRESENT POSTOFFICE OF FATHER Beaufort, N.C.

(15) PRESENT POSTOFFICE OF MOTHER Beaufort, N.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Carpenter

(19) OCCUPATION HW

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (How alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Victor M. Roberts (24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Blair

Given name added from a supplemental report

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

(27) Filed 12 1923 (28) 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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