

N. B.—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.

McGAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Anderson
or
Inc. Town of
or
City of

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

Registration District No. 302

File No.—For State Registrar Only
40806

Registered No. 122
(For use of Local Registrar)

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

(2) Full Name of Child Caroline Minnie Sue Wright

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

(3) Girl OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John R. Wright
(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Anderson S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Mulligan
(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Babbs
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Dec 26, 1922 (23) J. R. Watson 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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