

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75926

(1) PLACE OF BIRTH
County of Calhoun
Township of Pine Grove
OR
Inc. Town of Lone Star Registration District No. 803 Registered No. 79
OR
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 Arthur Wright Jr #1 If child is not yet named, make supplemental report as directed

| | | | | |
|------------------|---|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? | (4) Twin or Triplet? <u>4</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>4</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 1, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|------------------|---|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Arthur Wright

(9) PRESENT POSTOFFICE OF FATHER Lone Star S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Lone Star S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Chummy Steward

(15) PRESENT POSTOFFICE OF MOTHER Lone Star S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Lone Star S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Whaley

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lone Star S.C.

Given name added from a supplemental report
..... 191....
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Registrar

(26) Witness Mrs J.D. Stoddemie
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 6 1916 (28) J.D. Stoddemie Local Registrar.

MARGIN RESERVED FOR BINDING.
 WRITE 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, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

*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.