

16 093551

Standard Certificate of Birth

FILE No.—For State Registrar Only

00290

1. PLACE OF BIRTH

County of Edgefield

STATE OF SOUTH CAROLINA

Township of

or Trenton S.C.

Inc. Town of

or

City of

Registration District No. 1810

Registered No.

(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)

Matthew Bright

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

2. FULL NAME OF CHILD

3. Boy or Girl

Boy

If Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

July 3rd 1916

19

5. Number, in order of birth

Full term

Married

Yes

(Month, day, year)

9. Full name

FATHERGeorge Bright

18. Name before marriage

MOTHERMary Ann Tillman

10. Residence (mailing address)

(If non-resident, give place and State)

Rout #1 Box #53Trenton S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Trenton, S. C.

11. Color or race

Negro

12. Age at child's birth

35

(years)

20. Color or race

Negro

21. Age at child's birth

33

(years)

13. Birthplace (city or place)

(State or country)

South Carolina

22. Birthplace (city or place)

(State or country)

Trenton S. Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farming

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

19

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

House Keeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living

5

(b) Born alive but now dead

00

(c) Stillborn

00

28. If stillborn,

period of gestation

XXX

months

weeks

29. Cause of stillbirth

No Still Birth.

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 6 A. m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

George Bright

Parent

or

Guardian

Given name added from a supplementary report

(Date of)

Address

Filed 9/10/41

19

M.B. Woodward, M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)