

(1) PLACE OF BIRTH

County of Lancaster
 Township of Katharine
 OR
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35170

Registration District No. 2804Registered No. 206
(For use of Local Registrar)

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 Lizzie Wright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL 4 (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 11 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wright
 (9) PRESENT POSTOFFICE OF FATHER Lancaster SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE Cheshirefield CO
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 41 (Year)
 (18) BIRTHPLACE Lancaster CO
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. P. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

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

(27) Filed 11-3 2-2-23 J. P. Smith 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.