

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston (No. 28 Tradd)
 (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
75977

Registration District No. 91 Registered No. 956
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child Jerome Wright } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets.</i>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 7th</u> , 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Wright

(9) PRESENT POSTOFFICE OF FATHER D. K.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY D. K. (Years)

(12) BIRTHPLACE D. K.

(13) OCCUPATION D. K.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah R. O'Donnell

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION Press Feeder

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harleston Rhinerson, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston, S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. Mercer Green
 (27) Filed 9/15/16 191..... (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.