

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Hampton

Inc. Town of or

City of or

(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

45075

Registration District No. 4407 Registered No. 131

(For use of Local Registrar)

(2) Full Name of Child

Alveta Wright

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 2 1945
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Wright

(9) PRESENT POSTOFFICE OF FATHER

Chorus, S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Adams

(15) PRESENT POSTOFFICE OF MOTHER

Chorus, S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Dr. J. E. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hampton, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(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.

MARGIN RESERVED FOR INDEXING. 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 3. McCaw of Columbia