

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of Williamston

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registrar Only

38450

Registration District No. 3-C Registered No. 114  
(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.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 31</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Allen Wright(9) PRESENT POSTOFFICE OF FATHER Williamston, S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Belton, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Crumpton(15) PRESENT POSTOFFICE OF MOTHER Williamston, S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Williamston, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at Williamston, S.C.  
on the date above stated. (Born alive or stillborn) (Near A. M. or P. M.)(22) (Signature) A. L. Engle (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 1-7-1924 (27) William Russell 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.

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