

MARGIN RESERVED FOR REGISTER  
WRITE PLAINLY WITH UPPERCASE LETTERS IN A PERMANENT INK  
A BIRTH AND A TWIN OR TRIPLET AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of Ebenzer  
or  
Inc. Town of .....  
or  
City of Rock Hill

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

File No. — For State Registrar Only  
**87917**

Registration District No. 4405 Registered No. 106  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
(2) Full Name of Child Jim Wright St.; ..... Ward)

(3) BOY OR GIRL ..... (4) <sup>or</sup> Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 1 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Andrew Wright  
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.  
(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION mill work  
(20) Number of children born to mother, including present birth 1. Nine

MOTHER.  
(14) NAME BEFORE MARRIAGE Hamie Gordon  
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION mill work  
(21) Number of children of this mother now living, including present birth 1. Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was .... born alive at 11 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Physician  
(24) State whether Physician or Midwife (25) Physician  
Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 11/17/16 (28) J. R. Mull Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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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