

MARCH 1917 - FOR REGISTER
 THIS FORM IS TO BE FILLED IN A SEPARATE BOOK
 FOR EACH CHILD AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST BIRTH, 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 Yorkville
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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)

(2) Full Name of Child Sam Wright

(3) BOY OR GIRL (4) ^{or} Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 1 1916
To be answered only in event of Twins or Triplets (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
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION mill work
 (20) Number of children born to mother, including present birth None

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

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

(23) (Signature) [Signature]
 (24) State whether Physician Physician (25) Attended as Physician or Midwife

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) [Signature] 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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