

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Centerville

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clara WrightFile No. - For State Registry Only  
**16884**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 708 Registered No. 55  
(For use of Local Registrar)

(3) BOY OR GIRL

(4) Twin or Triple

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH June 24 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Walter Wright

(9) PRESENT POSTOFFICE OF FATHER

Bonneau S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Berkeley Co

(13) OCCUPATION

Farming

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

2

## MOTHER.

(15) NAME BEFORE MARRIAGE

Mary Gibbs

(16) PRESENT POSTOFFICE OF MOTHER

Bonneau S.C.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

18  
(Years)

(19) BIRTHPLACE

Berkeley Co

(20) OCCUPATION

Housewife

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ekira Rogers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBonneau S.C.

(Given name added from a supplemental report)

(26) Witness

Killie Corvood

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 27 1923(28) D. W. Brown

(29) Local Registrar

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.