

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of Americus, Ga.City of Greenville

(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

24674

Registration District No. 22090Registered No. 209
(For use of Local Registrar)(2) Full Name of Child Lois Wright

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

1) SEX - GIRL	2) Twin or Triplet To be answered only in case of Twin or Triplet	3) Number in order of birth	4) Age of Child 400	5) DATE OF BIRTH Feb. 23 (Name of Month) (Day) (Year)
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FATHER.

6) FULL NAME Ben Wright7) PRESENT POSTOFFICE OF FATHER Greenville10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 28 (Year)12) BIRTHPLACE N.C.13) OCCUPATION Textile20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Annie Gowen16) PRESENT POSTOFFICE OF MOTHER Greenville10) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26 (Year)15) BIRTHPLACE Spartanburg16) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated. (Bergalve or stillborn) (Hour, M., or P. M.)(23) (Signature) Dr. J. M. Allen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 1, 1923. (28) Thos. J. McAllister 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.

11th MONTH OF PREGNANCY.