

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

Collie Wright

File No.—For State Registrar Only

31633

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No. 74

(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. C. Wright

(9) PRESENT POSTOFFICE OF FATHER

Eutawville

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

3.1 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

farmer

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

1.3

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Green

(15) PRESENT POSTOFFICE OF MOTHER

Eutawville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Labor

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

1.3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was St. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Bessie Green

(24) State whether Physician or Midwife

(25) Address of 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

1911

(28) 19

(29) 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.