

(1) PLACE OF BIRTH

County of Durham
 Township of Durham
 or
 Inc. Town of Durham
 or
 City of Reserve

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

File No. — For State Registrar Only
59504

Registration District No. 15A Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Sallie Rebecca Wright { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 25-6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm Preston Wright</u>			(14) NAME BEFORE MARRIAGE <u>Cor May Dickson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Durham NC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Durham NC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Union Co SC</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer Renter</u>		(18) BIRTHPLACE <u>Williamsburg Co SC</u>		
(19) OCCUPATION <u>at home</u>		(20) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. B. Edwards
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Durham NC

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Apr. 25 1916 (28) E. A. Early
 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.

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