

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Jackson HillInc. Town of GreenvilleCity 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

4086

Registration District No. 2209.0Registered No. 44  
(For use of Local Registrar)(No. 14 Eighth St.)St. 14 Ward

## (2) Full Name of Child

William Bright, Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>X</u>	(7) DATE OF BIRTH <u>Jan 17 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) NAME OF FATHER William Bright, Jr.

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE Raccoon Ga

(13) OCCUPATION Textile

## MOTHER.

(14) NAME OF MOTHER William Bright, Jr.

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Greenville S.C.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One (1)

(21) Number of children of this mother now living, including present birth One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated. (If stillborn, Hour A. M. or P. M.)

(23) (Signature) J. B. L. L. L.

(24) State South Carolina 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 23 is signed by mother)

(27) File No. 14 (28) Thos. M. L.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.