

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of Country

City of

(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 HealthFile No.—For State Registrar Only
46396Registration District No. 2209 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Calvin Wright

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 18 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charlie R. Wright

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

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Spartanburg S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Susana Williams

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Pickens S. C.

(19) OCCUPATION Domestic affairs

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9-30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Leebetter M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Greenville

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 7 1916 (28) A. J. Mackay 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.