FORM NO. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
37945

(1) PLACE OF BIRTH
County of Abbeville
Township of .....
or
Inc. Town of ..... Registration District No. 1-A Registered No. 116 (For use of Local Reistrar)
or
City of Abbeville (No. Blue Hill St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jenkins Wright — 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
Boy	X	X	Yes	Nov (Name of Month), 10th (Day), 1915 (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Ben Wright	(14) NAME BEFORE MARRIAGE	Lavinia Edwards
(9) PRESENT POSTOFFICE OF FATHER	Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	50	(17) AGE AT LAST BIRTHDAY (Years)	42
(12) BIRTHPLACE	Abbeville Co SC	(18) BIRTHPLACE	Abbeville Co SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	14	(21) Number of children of this mother now living, including present birth	10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa X Jenkins

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: mark Abbeville SC

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness T. G. Perrin
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 12th 1915 (28) T. G. Perrin 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia