

County of _____
 Township of _____
 ss. _____
 I, _____
 do hereby certify that _____
 is the _____
 of _____
 (if true)
 J. Paul _____

(1) NAME <i>William Wright</i>	(1) NAME <i>Elizabeth</i>
(2) ADDRESS <i>Chas</i>	(2) ADDRESS <i>Chas</i>
(3) COLOR <i>Bald</i>	(3) COLOR <i>Bald</i>
(4) BIRTHPLACE <i>Young Island</i>	(4) BIRTHPLACE <i>Young Island</i>
(5) OCCUPATION <i>Labor</i>	(5) OCCUPATION <i>Worker</i>
(6) Number of children born to <i>1 1/2</i>	(6) Number of children born to <i>1 1/2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alvin* at *7:30*
on the date above stated. (Name of child) (Date & time of birth)

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of physician or midwife
Caroline Washington *13 W. Belmont St.*

Give name above with a description and report

(26) Witness (27) Date *1/30*
(28) Place *Memphis, Tenn.* *29*

When there was an abortion, miscarriage or stillbirth, then the date, place, and name of the physician or midwife should make this report. If a child breathes even once, it must not be recorded as stillborn. The report is desired of either the mother or the father before the birth month of pregnancy.

When there was a child in the womb or midwife, then the father, mother, or child made this. If a child became even then, it must not be reported as a child. The report is desired of children before the fifth month of pregnancy.

IT IS THE POLICY OF THE FBI TO OBTAIN INFORMATION FROM ALL SOURCES AVAILABLE TO IT.