

## (1) PLACE OF BIRTH

County of Fluence  
 Township of Fluence  
 or  
 Inc. Town of Fluence  
 or  
 City of Fluence

(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

No. 40180

Registration District No. 20-1 Registered No. 400  
 (For use of Local Registrar)

No. Fluence Informant No. 4 Ward

(2) Full Name of Child George Edwin Wright

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

1) SOY OR GIRL Boy 2) TIME OF BIRTH Dec. 1, 1923  
 3) NUMBER OF CHILDREN BORN TO MOTHER 3 4) SEX OF MOTHER Female  
 5) DATE OF BIRTH Dec. 1, 1923

## FATHER

6) FULL NAME Alfred Edwin Wright

7) PRESENT POSTOFFICE OF FATHER Fluence, S.C.

8) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26

9) BIRTHPLACE Chatham County, S.C.

10) OCCUPATION A-C-R. Switchman

11) Number of children born to mother, including present birth Three

## MOTHER

12) FULL NAME Vera Corlean Tyner

13) PRESENT POSTOFFICE OF MOTHER Fluence, S.C.

14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 24

16) BIRTHPLACE Fluence County, S.C.

17) OCCUPATION Domestic

18) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:37 P.M. on the date above stated.

(23) (Signature) E. H. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Dr. P. H. Bushaw (28) P. H. Bushaw

\*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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