

(1) PLACE OF BIRTH

County of ... AikenTownship of ... Aiken

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Wright(3) SEX OR CHILD Male(4) Type of Twin - None(5) Number in order of birth - 1(6) Is the child a twin? Yes(7) DATE OF BIRTH Jan 20 1952(8) COLOR OR RACE W(9) AGE AT LAST BIRTHDAY 23(10) BIRTHPLACE Aiken, S.C.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 3(13) NAME BEFORE MARRIAGE Swiss Plumbert(14) PRESENT POSTOFFICE OF MOTHER Aiken, S.C. 29002(15) COLOR OR RACE W(16) AGE AT LAST BIRTHDAY 24(17) BIRTHPLACE Aiken, S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was ... born ... at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(21) (Signature) B. J. ...(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Aiken, S.C.

Given name added from a supplemental report

See Off 8-11-52

19 Registrar

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

(25) Filed 1/24/52 (26) B. J. ... 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.

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