

(1) PLACE OF BIRTH

County of

Newberry

Township of

Inc. Town of

or

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 .. (Charles) Edward Fulmer

File No. — For State Registrar Only

39467

Registration District No. 3401 Registered No. 52
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Henry P. Fulmer

(14) NAME BEFORE MARRIAGE

Ruth Fass

(9) PRESENT POSTOFFICE OF FATHER

Little Mountain

(15) PRESENT POSTOFFICE OF MOTHER

Little Mountain

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

7

(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 born at P:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Apr 29, 1914

Rm. p.w. Registrar

(26) Witness

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

(27) Filed

Dec 10, 1914

(28)

Eberla Sease 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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