

WRITE PLAINLY, USING READING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken  
Township of Hampton  
or  
Inc. Town of Hamptonville  
or  
City of \_\_\_\_\_  
(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

File No.—For State Registrar Only  
**32849**

Registration District No. 2-B Registered No. 39  
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 8 1921  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Hubert James Fulmore  
(9) PRESENT POST OFFICE OF FATHER Hamptonville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Aiken Co. S.C.  
(13) OCCUPATION Mill Worker  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Lannis Ripley  
(15) PRESENT POSTOFFICE OF MOTHER Hamptonville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Aiken Co. S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Rouse  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamptonville S.C.

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 10 1921 W. R. Rouse 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.

Given name added from a supplemental report

Oct 10 1921 J. R. Hedlocks Local Registrar