

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and under the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Form 5-6

(1) PLACE OF BIRTH

County of Greenwood  
Township of Greenwood  
or  
Inc. Town of Greenwood  
or  
City of Greenwood  
(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  
**22463**

Registration District No. 232

Registered No. 83  
(For use of Local Registrar)

(2) Full Name of Child Charles Thomas Fuller

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

3) SEX OR <u>Male</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 8th, 1922</u> (Name Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Dr. R. M Fuller.</u>			14) NAME BEFORE MARRIAGE <u>Annie Louise Britt.</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>Edgefield, S.C.</u>		17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
13) OCCUPATION <u>Physician</u>		18) BIRTHPLACE <u>McCormick, S.C.</u>		
19) OCCUPATION <u>Housewife</u>		20) Number of children of this mother born living, including present birth <u>One (1)</u>		
21) Number of children of this mother born living, including present birth <u>One (1)</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 M.  
on the date above stated. (Hour 'M. or P. M.)

(23) (Signature) W. A. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Greenwood, S.C.

Given name added from a supplement-  
tal report

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

(27) Filed 6/8/22

19 22

(28) W. A. Williams  
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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