

Form No. 1

(1) PLACE OF BIRTH

County of WalterTownship of Walnut Grove

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4010

File No. — For State Registrar Only

22879Registered No. 49
(For use of Local Registrar)(No. 54; Ward)

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

(2) Full Name of Child Euley Fuller

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

(3) SEX OR
ONLY girl(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married yes

(7) DATE OF

BIRTH Feb 13 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME John Fuller(9) PRESENT
POSTOFFICE
OF FATHER Moore S.C.(10) COLOR
OR
RACE B(11) AGE AT LAST
BIRTHDAY 40

(Year)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to
mother, including present birth 10

MOTHER.

(15) NAME BEFORE
MARRIAGE Martha Miller(16) PRESENT
POSTOFFICE
OF MOTHER Moore S.C.(17) COLOR
OR
RACE B(18) AGE AT LAST
BIRTHDAY 35

(Year)

(19) BIRTHPLACE S.C.(20) OCCUPATION House(21) Number of children of this mother
now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Nancy Nash(24) State whether Physician or Midwife (Address of Physician or Midwife) Moore S.C.Give name added from a supplement-
al report(25) Witness (Signature of Witness necessary only
when question 22 is signed by marks)(26) Filed July 25 1923 at Moore S.C.
Local RegistrarWhen 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.