

(1) PLACE OF BIRTH

County of Barnwell
 Township of Bull Camp

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
88457

Inc. Town of Registration District No. 5-06 Registered No. 87
 City of (No. St. Ward) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laurie Chalton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Chalton
 (9) PRESENT POSTOFFICE OF FATHER allendale
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Georgia

(13) OCCUPATION Laborer (Farm)

(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Bircha Fullerton
 (15) PRESENT POSTOFFICE OF MOTHER allendale

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE milberry S.C.

(19) OCCUPATION Laborer (Farm)

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Fullerton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Rachel Fullerton

Given name added from a supplemental report

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

(27) Filed Dec 12 1916 (28) J. G. 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.

FORM NO. 10—MAY 1915
 WHEN 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 mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCAY, of Columbia.