

MARGIN RESERVED FOR BINDING.

WRITE 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.

WCAW of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Lawrence
Township of Clinton
or
Inc. Town of.....
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

35233

Registration District No. 62902 Registered No. 105
(For use of Local Registrar)
(No. H R 7 D) St.:..... Ward.....
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Frances Eugenia Fuller

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth..... (6) Are Parents Married? yes (7) DATE OF BIRTH.....
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. S. Fuller
(9) PRESENT POSTOFFICE OF FATHER Clinton S. C. R. H.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY.....
(Year)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Nelson
(15) PRESENT POSTOFFICE OF MOTHER Clinton S. C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY.....
(Year)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Laura X Beach
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton S. C.

Given name added from a supplemental report

(26) Witness J. W. S. Fuller
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 13 19 22 (28) J. W. S. Fuller
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.