

(1) PLACE OF BIRTH

County of *Williamsburg*
 Township of *Wm.burg*
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75142

Registration District No. *4506* Registered No. *71*
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>August 10, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Henry Fulton*
 (9) PRESENT POSTOFFICE OF FATHER *Kingstree*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *33*
 (Years)
 (12) BIRTHPLACE *Williamsburg Co*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth *16*

MOTHER.

(14) NAME BEFORE MARRIAGE *Druzila Cooper*
 (15) PRESENT POSTOFFICE OF MOTHER *Kingstree*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *28*
 (Years)
 (18) BIRTHPLACE *Williamsburg Co*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *16*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Thelma Scott*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed *Sept 7, 1916* (28) *J. F. Freeman*
 Registrar 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.