

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Windsor
 OF
 Inc. Town of.....
 OF
 City of..... (No. St.; Ward)
 (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
75142

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

(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? <u>yes</u>	(7) DATE OF BIRTH <u>August 10, 1916</u> (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... alive... at 2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Scott
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Kingstree

Given name added from a supplemental report

 _____, 19... Registrar

(26) Witness Wick Woodard
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept. 7, 1916 (28) J. G. Freeman 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.