

WHITE 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.
 No. of Columbia

(1) PLACE OF BIRTH

County of Lancaster
 Township of Waterloo
 or
 Inc. Town of Ac
 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
46728

Registration District No. 901 Registered No. _____
 (For use of Local Registrar)
 St.: _____ Ward) _____

(2) Full Name of Child

Fuller

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan

If child is not yet named, make supplemental report as directed
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't Know

(9) PRESENT POSTOFFICE OF FATHER X

(10) COLOR OR RACE X (11) AGE AT LAST BIRTHDAY X (Years)

(12) BIRTHPLACE X

(13) OCCUPATION X

(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Dr Fuller

(15) PRESENT POSTOFFICE OF MOTHER Waterloo, S.C.

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

(18) BIRTHPLACE Lancaster Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 9 1916 Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.
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