(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of Castlewilled Registration District No. 2002 Registered No. 19 (For use of Local Registrar)

or City of (No. St.; Ward)

(If birth occurs in a hospital or other institution give name of INSTITUTION 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
20940

(2) Full Name of Child Francis Lee Fountain (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		yes	July 20 1923 (Place of birth) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Charlie Fountain	(14) MAIDEN NAME OR NAME BEFORE MARRIAGE Alice Tolbert
(9) PRESENT POSTOFFICE OF FATHER Castlewille SC	(15) PRESENT POSTOFFICE OF MOTHER Castlewille SC.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer wife
(20) Number of children born to mother, including present birth Nine	(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. E. Hicks

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed July 28 1923. (28) R. D. Wilson
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.