

Form No. 10. MARGIN RESERVED FOR BINDING. 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.

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Mouzon*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
44974

Inc. Town of Registration District No. *4306* Registered No. *108*
(For use of Local Registrar)
City of (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 *Whitman Fulton* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 12* *1915*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Bailey Fulton*
(9) PRESENT POSTOFFICE OF FATHER *Kingslee S.C.*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *27* (Years)
(12) BIRTHPLACE *Williamsburg Co. S.C.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maud Fulton*
(15) PRESENT POSTOFFICE OF MOTHER *Kingslee S.C.*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *25* (Years)
(18) BIRTHPLACE *Williamsburg Co. S.C.*
(19) OCCUPATION *House wife*
(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 o'clock P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dorah Epps*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife *Kingslee S.C.*

Given name added from a supplemental report

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

(27) Filed *Dec 22 1915* (28) *D. F. Simpson* 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.

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