

(1) PLACE OF BIRTH

County of

Township of

OR
Inv. Town ofOR
City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX Boy	(4) Twin No	(5) Number in order of birth 1	(6) Are Parents Married	(7) DATE OF BIRTH Dec 30 23 (Name of Month) (Day) (Year)
(8) FATHER FULL NAME Willie M. Fuller		(9) MOTHER FULL NAME Celia Tankner		
(10) PRESENT POSTOFFICE OF FATHER Lancaster SC		(11) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.		
(12) COLOR OR RACE Col.	(13) AGE AT LAST BIRTHDAY 28 (Years)	(14) COLOR OR RACE Col.	(15) AGE AT LAST BIRTHDAY 27 (Years)	
(16) BIRTHPLACE Kershaw Co		(17) BIRTHPLACE Lancaster S.C.		
(18) OCCUPATION Cotton mill hand		(19) OCCUPATION House Keeper		
(20) Number of children born to mother, including present birth 3		(21) Number of children of this mother now living, including present birth 3		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Date & P. M.) on the date above stated.

(23) (Signature) Mary Witherspoon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed - 5

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is necessary if the child breathes even once, it must not be reported as stillborn.