

Mc
FORM NO. 5

MARGIN RESERVED FOR BINDING.
WRITING 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. THIS OFFICE, No. 2, etc., in question 8.
McCraw, of Columbia.

(1) PLACE OF BIRTH

County of *Laurens*
Township of *Laurens*
or
Inc. Town of *Laurens*
or
City of *Laurens*
(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
56497

Registration District No. *99-A* Registered No. *30*
(For use of Local Registrar)
Sl.: *5* (Week)
(No. *753 Jarley*)

(2) Full Name of Child *Carl Fuller Jr.* } If child is not yet named, make supplemental report as directed

(3) SEX	(4) Twin or Triplet?	(5) Number in order of birth <i>8</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Apr. 19, 1906</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Antony C. Fuller</i>	(14) NAME BEFORE MARRIAGE <i>Meta Smith</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Laurens SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Laurens SC</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>50</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>35</i> (Years)	
(12) BIRTHPLACE <i>Laurens Co</i>	(18) BIRTHPLACE <i>Laurens SC</i>			
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housekeeper</i>			
(20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>7</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *12-30* a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) *A. J. Christopherson, M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Laurens SC.*

Given name added from a supplemental report
..... 181.....
..... 181.....
..... 181.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Apr 24* 191..... (28) *A. C. Kennedy*
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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