

WRITE 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 5.  
McCaw, 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.)STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

56497

Registration District No. 29-A Registered No. 30  
(For use of Local Registrar)  
Sl.: 5 Ward  
(No. 75-3 Farley)(2) Full Name of Child Carl Fuller Jr. If child is not yet named, make supplemental report as directed

|  |                                    |  |   |   |
|--|------------------------------------|--|---|---|
| (3) <del>BOY OR</del>  | (4) <del>Twin</del><br>or Triplet? | (5) Number in order of birth <u>8</u><br><small>To be answered only in case of Twins or Triplets</small> | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>Apr. 19</u> <u>1906</u><br><small>(Name of Month) (Day) (Year)</small> |
| FATHER.  |                                    |  | MOTHER.   |   |
| (8) FULL NAME <u>Antony C. Fuller</u>                                    |                                    |  | (14) NAME BEFORE MARRIAGE <u>Meta Smith</u>   |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Laurens SC</u>                       |                                    |  | (15) PRESENT POSTOFFICE OF MOTHER <u>Laurens SC</u>                                 |   |
| (10) COLOR OR RACE <u>White</u>  |                                    |  | (16) COLOR OR RACE <u>White</u>   |   |
| (11) AGE AT LAST BIRTHDAY <u>5-0</u> (Years)                             |                                    |  | (17) AGE AT LAST BIRTHDAY <u>35</u> (Years)   |   |
| (12) BIRTHPLACE <u>Laurens Co</u>  |                                    |  | (18) BIRTHPLACE <u>Laurens SC</u>   |   |
| (13) OCCUPATION <u>Farmer</u>  |                                    |  | (19) OCCUPATION <u>Housekeeper</u>  |   |
| (20) Number of children born to mother, including present birth <u>8</u> |                                    |  | (21) Number of children of this mother now living, including present birth <u>7</u> |   |

## 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. Christopher, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Laurens SC

Given name added from a supplemental report

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 24 1911 (28) C. K. 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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