

THIS CARD, WHEN FURNISHED TO A REGISTRAR, SHALL BE A SEPARATE BLANK FOR EACH CHILD, AND MARK TO BE MADE ON THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

McGraw-Hill, Inc., New York, N. Y.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>				STATE OF SOUTH CAROLINA		2722	
Township of <u>Penn</u>				Bureau of Vital Statistics			
or Inc. Town of.....				State Board of Health			
City of.....				Registration District No. <u>4308</u>		Registered No. <u>9</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				St. ....		(For use of Local Registrar)	
(2) Full Name of Child <u>Mabel Fulton</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 30<sup>th</sup> 27</u> (Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Sam Fulton</u>				(14) NAME BEFORE MARRIAGE <u>Martha Lawrence</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Salters Depot, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Salters Depot, S.C.</u>			
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)			
(12) BIRTHPLACE <u>Williamsburg co., S.C.</u>				(18) BIRTHPLACE <u>Williamsburg co., S.C.</u>			
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Farm Laborer</u>			
(20) Number of children born to mother, including present birth <u>15</u>				(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Jane Dosier</u>				(25) Address of Physician or Midwife <u>Lawson, S.C.</u>			
(24) State whether Physician or Midwife <u>midwife</u>							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 Registrar				(27) Filed <u>Feb 5 1922</u> (28) <u>A. B. Moseley</u> 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.							