

Form No 1.

BIRTH

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

Bureau of Women's Character

Bureau of Vital Statistics

State Report of Birth

File No. - State Registry

50724

County of *Williamsburg*Township of *Bridge*

or

Inc. Town of

or

City of

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

Registration District No. *4309*Registered No. *12*

(For use of Local Registrar)

(2) Full Name of Child

Edith Fulton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Fulton

(9) PRESENT POSTOFFICE OF FATHER

Cades S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY (Years)

30

(12) BIRTHPLACE

Williamsburg

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Williams

(15) PRESENT POSTOFFICE OF MOTHER

Williamsburg

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY (Years)

31

(18) BIRTHPLACE

Williamsburg, Co

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Anna M. C. Fulton*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife**Cades S.C.*

Given name added from a supplemental report

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

(27) Filed *Feb. 26* 1916 (28) *W. T. S. P. S.*

MARGIN RESERVED FOR BINDING.

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. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

*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.