

Form No. 1

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA.** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only
50708

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Mowson
 or
 Inc. Town of _____
 or
 City of _____

Registration District No. 4306 Registered No. 13
 (For use of Local Registrar)
 St.; _____ Ward;
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Junior Fulton If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 12
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Marvin Fulton
 (9) PRESENT POSTOFFICE OF FATHER Cades
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Williamsburg Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Allie Melvin
 (15) PRESENT POSTOFFICE OF MOTHER Cades
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Williamsburg Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Allie Woods (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades

Given name added from a supplemental report

(26) Witness B. M. J. Smith
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 8, 1916 (28) J. T. Finson 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.

MARGIN RESERVED FOR RECORDING.
 WITH FOLDING TAB—THIS IS A PERMANENT RECORD.
 No. 1.—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.