

(1) PLACE OF BIRTH

County of LexingtonTownship of Boiling Spring

Inc. Town of _____

City of _____

(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—

78029

Registration District No. 310Registered No. 29

(For use of Local Registrar)

St.; _____ Ward

(2) Full Name of Child Annie Julie Fulmer

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 25</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Leland Miship Fulmer(9) PRESENT POSTOFFICE OF FATHER Edmund S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE _____

(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rhoda Sheeley(15) PRESENT POSTOFFICE OF MOTHER Edmund S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE _____

(19) OCCUPATION Housewife(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 alive, at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Geiton S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Geiton S.C.

Given name added from a supplemental report

_____, 191____

Registrar

(26) Witness _____

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 6, 1916

(28)

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 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