

CERTIFICATE OF BIRTH

File No. 30766 For State Registrar Only

(1) PLACE OF BIRTH

County of Williamson STATE OF SOUTH CAROLINA.
Township of Mauzan Bureau of Vital Statistics
or Inc. Town of State Board of Health
or City of Registration District No. 4306 Registered No. 11
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Minnie Fulton

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 12</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Dinsley Fulton</u>				(14) NAME BEFORE MARRIAGE <u>Hollie Hudson</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Hingstree St</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Hingstree St</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>60</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>39</u>	
(12) BIRTHPLACE <u>Williamson Co</u>		(18) BIRTHPLACE <u>Williamson Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>9</u>		(21) Number of children of this mother now living, including present birth <u>Eight</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 o'clock P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Fulton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hingstree St

Given name added from a supplemental report

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

(27) Filed Feb 25 1916 (28) J. T. Freeman 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.

MASSING RESERVE FOR BIDDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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.

McCauley of Columbia