

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Morganau.
 or
 City or Town of.....

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

Registration District No. 4306 Registered No. 65
 (For use of Local Registrar)

Day of (No. 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 Rogers Fulton If child is not yet named, make appropriate report as directed

(3) SEX Male (4) Type of Birth Normal (5) Number of Births 1 (6) Date of Birth Aug 24, 1923
 (7) Time of Birth 10:30 (8) Place of Birth Williamsburg Co

FATHER.
 (1) NAME BEFORE MARRIAGE Mullie Fulton
 (2) PRESENT NAME Cades. S.C.
 (3) COLOR negro (4) AGE LAST BIRTH 23
 (5) BIRTHPLACE Williamsburg Co
 (6) OCCUPATION Farming
 (7) Number of children born to father, including present one 3

MOTHER.
 (1) NAME BEFORE MARRIAGE Annie Liser Fulton
 (2) PRESENT NAME Cades. S.C.
 (3) COLOR negro (4) AGE LAST BIRTH 25
 (5) BIRTHPLACE Williamsburg Co
 (6) OCCUPATION House wife
 (7) Number of children of this mother, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (10) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated.
 (Sign alive or stillborn) (Hour A. M. or P. M.)

(11) (Signature) Stellie Green
 (12) State whether Physician or Midwife Midwife (13) Address of Physician or Midwife Cades. S.C.

Given name added from a supplementary report
 (14) Witness B. M. Smith
 (Signature of Witness necessary only when question 14 is signed by mark)
 (15) Date Nov 10, 1923 (16) Local Registrar J. T. Brown

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.