

Form No. 1.

(1) PLACE OF BIRTH

County of Sumter
 Township of Cam. Road
 OF
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36541

Registration District No. 1100 Registered No. 12
 (For use of Local Registrar)

(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 Rainie Fullard Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rainie Fullard Jr
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R. 1
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sue Mack
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R. 1
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE SC
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Max Bradley
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bradley SC

Given name added from a supplemental report

(26) Witness J. D. Kinnery
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20 1922 (by) Wm. R. Kinnery
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.