

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Bluff
 or
 Inc. Town of Patuxent
 or
 City of S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19488

Registration District No. 3365 Registered No. 74
 (For use of Local Registrar)

City of S.C. (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 Tom Fuller Jr. (If child is not yet named, make supplemental report as directed)

3 SEX OF CHILD Boy 4 Twin or Triplet? No 5 Number in order of birth 400 6 Are Parents Married? Yes 7 DATE OF BIRTH June 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Tom Fuller
 9 PRESENT POSTOFFICE OF FATHER McClellan S.C.
 10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 12 BIRTHPLACE Marlboro Co. S.C.
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Lizah Ingram
 15 PRESENT POSTOFFICE OF MOTHER McClellan S.C.
 16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 18 BIRTHPLACE Richmond Co. N.C.
 19 OCCUPATION Domestic

20 Number of children born to mother, including present birth 5 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 Domestic at 6 a. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.))

(23) (Signature) Hattie Thomas
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClellan S.C.

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) J. H. Weathers 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 INDEXING.
 WHITE 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 FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.