

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.

(1) PLACE OF BIRTH
County of Worcester...
Township of King...
or
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
20446

Registration District No. 4302 Registered No. 479
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of..... (No. St.; Ward)

(2) Full Name of Child Maltrass Fulton If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 19, 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Don't Know
9) PRESENT POSTOFFICE OF FATHER
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY..... (Years)
12) BIRTHPLACE
13) OCCUPATION
20) Number of children born to mother, including present birth 1

MOTHER.
14) NAME BEFORE MARRIAGE Marie Fulton
15) PRESENT POSTOFFICE OF MOTHER Kingston
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY..... 19 (Years)
18) BIRTHPLACE Worcester
19) OCCUPATION Farmer & such
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Kennedy (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston

Given name added from a supplemental report
.....
..... 19 .. Registrar

(26) Witness Jane Fulton (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 27, 1922 (28) B. B. Blackson 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.