

(1) PLACE OF BIRTH

County of Laurens
 Township of Waterloo
 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
19286

Registration District No. 2607 Registered No. 40
 (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

Fuller

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

3. BOY OR GIRL? Boy 4. Twin or Triplet? - 5. Number in order of birth - 6. Are Parents Married? Yes 7. DATE OF BIRTH May 24 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME E. W. Fuller
 9. PRESENT POSTOFFICE OF FATHER Waterloo R 1
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 40
 (Years)
 12. BIRTHPLACE Laurens Co
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Emma Justise
 15. PRESENT POSTOFFICE OF MOTHER Waterloo R 1
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 31
 (Years)
 18. BIRTHPLACE Greenwood Co
 19. OCCUPATION Domestic
 20. Number of children born to mother, including present birth 1 8
 21. Number of children of this mother now living, including present birth 1 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W E Thompson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1922

(28)

Local Registrar

When there was no attending physician or midwife, when 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.