

(1) PLACE OF BIRTH

County of Clarendon
 Township of New Zion
 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
33850

Registration District No. 1312 Registered No. 46
 (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 Joseph Fulton 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Britton Fulton
 (9) PRESENT POSTOFFICE OF FATHER Sardinia, S.C.
 (10) COLOR OR RACE niger (11) AGE AT LAST BIRTHDAY 40
 (Year)
 (12) BIRTHPLACE Clarendon County
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa A Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Sardinia, S.C.
 (16) COLOR OR RACE niger (17) AGE AT LAST BIRTHDAY 34
 (Year)
 (18) BIRTHPLACE Clarendon Co.
 (19) OCCUPATION Wife

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Nora Mc Gie
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness E. B. Gamble, M.D.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/10 19 22 (28) J. M. Rose 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.

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MARGIN HERE—DO NOT BINDING.

WHEN PLACING WITH DEDUCTIONS, THIS IS A FIRST-BORN CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAY OF COLUMBIA, COLUMBIA, S. C.

Form No. 3