

## (1) PLACE OF BIRTH

County of Amherst  
 Township of Moufons  
 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

605

Registration District No. 4006 Registered No. 8  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Arthur 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 Aug. 30 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Fulton(9) PRESENT POSTOFFICE OF FATHER Kingsley S C(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49  
 (Years)(12) BIRTHPLACE Amherst Co S C(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ermas Pearson(15) PRESENT POSTOFFICE OF MOTHER Kingsley S C(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35  
 (Years)(18) BIRTHPLACE Amherst Co S C(19) OCCUPATION House wife(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 born alive at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dolly Fulton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingsley 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 Feb. 20 1923 (28) J. T. Thivern 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.