

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 8.

(1) PLACE OF BIRTH

County of Williamsburg  
 Township of Johns  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. — For State Registrar Only  
44843

Registration District No. 4204 Registered No. 9  
 (For use of Local Registrar)

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

(2) Full Name of Child William Ford Garden (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. No (6) Are Parents Married? No (7) DATE OF BIRTH Sept 1, 1923  
 (Name) (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Fulmer</u>	(14) NAME BEFORE MARRIAGE <u>Annie Bell Garden</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Henryway St</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Henryway St</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Henryway St</u>	(17) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(12) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(10) BIRTHPLACE <u>S.C.</u>	(13) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>day laborer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2:09 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Lumberton  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Henryway St

Given name added from a supplemental report

(26) Witness Mallie C. Phipps  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 3/18 1924 (28) L. H. C. C. 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.