Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42196

(1) PLACE OF BIRTH

County of Edgefield

Township of .....
or
Inc. Town of Edgefield
or
City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 18 A. Registered No. 52
(For use of Local Registrar)

(2) Full Name of Child Jim Fuller Jr.

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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 16 1932
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Jim Fuller	(14) NAME BEFORE MARRIAGE Sallie Beal
(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE Edgefield
(13) OCCUPATION Laborer	(19) OCCUPATION Servant
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lurenia Hogans

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Edgefield S.C.

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

..... 19 ....
Registrar

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

(27) Filed 1/8/ 1933 (28) Otis Dhamb
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw of Columbia, Columbia, S. C.