

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
Township of Thomas Shaw

Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 106File No. — For State Registrar Only
19607Registered No. 29
(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 Edison Fuller

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

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|---|--|--|--|---|
| (3) SEX OF CHILD <u>Male</u> | (4) Twin or Triplet <u>No</u> To be entered only in event of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>July 27, 1923</u> (Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>John Fuller</u> | | | (14) NAME BEFORE MARRIAGE <u>Lester Fuller</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>York York</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>York York</u> | |
| (10) COLOR OR RACE <u>Colored</u> | (11) AGE AT LAST BIRTHDAY <u>46</u> (Year) | (16) COLOR OR RACE <u>Colored</u> | (17) AGE AT LAST BIRTHDAY <u>31</u> (Year) | |
| (12) BIRTHPLACE <u>Abbeville S.C.</u> | | | (18) BIRTHPLACE <u>Abbeville S.C.</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Domestic</u> | |
| (20) Number of children born to mother, including present birth <u>6</u> | | | (21) Number of children of this mother now living, including present birth <u>4</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Edison at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Allison
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
York York

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 3, 1923 (28) J. H. Brashe
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.

USE THIS FORM FOR FIRST-BORN CHILD AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1

Bureau of Columbia, Columbia, S. C.