

## (1) PLACE OF BIRTH

County of Berkely  
 Township of S. J. Stephens  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 16.—For State Registrar Only

16874

Registration District No. .... 2. R. 4 Registered No. .... 33  
 (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 Seouna 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) Sex Male (7) DATE OF BIRTH June 14, 1923  
 (Sign of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Fulton</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Jolley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bonham St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bonham St.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Berkely Co.</u>	(18) BIRTHPLACE <u>Berkely Co.</u>	(13) OCCUPATION <u>General work.</u>	(19) OCCUPATION <u>House work.</u>
(20) Number of children born to mother, including present birth <u>4</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 alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Jolley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonham St.

Given name added from a supplemental report

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

(27) Filed June 28, 1923 (28) J. J. Jolley 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.