

MARGIN RESERVED FOR BINDING.

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

RECAP OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA		83873	
Township of <u>Mouzens</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4306</u>		Registered No. <u>87</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Haywood Fulton</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 17 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James B. Fulton</u>			(14) NAME BEFORE MARRIAGE <u>Beatrice Holloway</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>King street S. C. R. #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>King street S. C. R. #2</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Williamsburg Co. S. C.</u>			(18) BIRTHPLACE <u>Darlington Co. S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:30</u> P. M., on the date above stated. (Boy, alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. J. Kelly</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>King street S. C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Oct-28 1916</u> (28) <u>J. T. Trivison</u> 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.