

WHILE PLAINLY WITH UNENDING INCURSION IN A FURNACE, and under the
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, in question 8.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Edgefield
Township of Pickens
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

18441

Registration District No. 508 Registered No. 21
(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.)

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

(2) Full Name of Child

3. BOY OR GIRL boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH June 12, 1933
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Walter Fuller
9. PRESENT POSTOFFICE OF FATHER Edgefield, S.C.
10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 30
(Years)
12. BIRTHPLACE Edgefield Co
13. OCCUPATION farmer

MOTHER.

14. NAME BEFORE MARRIAGE Paul Bon
15. PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.
16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 40
(Years)
18. BIRTHPLACE Edgefield, Co
19. OCCUPATION farm help
20. Number of children born to mother, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. H. Johnson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(27) Filed 7/13/33 (28) Chas. D. Ham 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.

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