

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75057

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Frank Fulton

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	(6) Are Parents Married?	(7) DATE OF BIRTH Aug. 13, 1916 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Phillip Fulton

(9) PRESENT POSTOFFICE OF FATHER Kingshin

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Wrenburg

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Fulton

(15) PRESENT POSTOFFICE OF MOTHER Kingshin

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Wrenburg

(19) OCCUPATION Housekeeper

(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 or stillborn at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary B. Burrows

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 21, 1916 (28) 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.

Cav. of Columbia.