

(1) PLACE OF BIRTH

County of Edgefield

Township of Alexander

or 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

16104

Registration District No. 1814 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Franklin Fullmer 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) Are Parents Married? Yes (7) DATE OF BIRTH July 9 1914

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME W. L. Fullmer

(9) PRESENT POSTOFFICE OF FATHER Johinston S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Johinston S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Stephens

(15) PRESENT POSTOFFICE OF MOTHER Johinston S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Johinston S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. P. Corn M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Johinston 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 Aug 19 1914 (28) A. S. B. 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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MARRIAGE RECORDS FOR BIRTHS. WITH READING 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. McGraw-Hill of Columbia