

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of 1st

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

20344

Registration District No. Registered No. 1119

(For use of Local Registrar)

(2) Full Name of Child

Fuller George

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? yes

7 DATE OF BIRTH

Jan 25 1919

FATHER.

8 FULL NAME

William George

9 PRESENT POSTOFFICE OF FATHER

Sumter S.C.

10 COLOR OR RACE

W.C.

(11) AGE AT LAST BIRTHDAY

30 (Years)

12 BIRTHPLACE

Sumter S.C.

13 OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Ann

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

W.C.

(17) AGE AT LAST BIRTHDAY

30 (Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Farmer

20 Number of children born to mother, including present birth

2

(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 Fuller George at Sumter S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lucy Ann

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Jan 25 1919

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
MEDICAL COLUMBIA, COLUMBIA, S. C.