

## (1) PLACE OF BIRTH

County of Wm.burg  
 Township of Lake  
 Inc. Town of.....  
 City of.....

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

File No. — For State Registrar Only

19473

Registration District No. 4305 Registered No. 43  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Omata Fulton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of Birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 1st 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James B. Fulton  
 (9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Year)  
 (12) BIRTHPLACE Wm.burg co. S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Holloway  
 (15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Year)  
 (18) BIRTHPLACE Darlington, S.C.  
 (19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11: P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Father (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 June 23 1923 (28) AP Mosley 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.

K O D A K S - A F E