

(1) PLACE OF BIRTH

County of LedingtonTownship of Corryganeor
Inc. Town ofor New Brookland

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43501a

Registration District No. 3105 Registered No.
(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.)(2) Full Name of Child Elizabeth Claire Fulmer { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME R. H. Fulmer
(9) PRESENT POSTOFFICE OF FATHER New Brookland
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Newberry S.C.
(13) OCCUPATION Druggist
(14) Number of children born to mother, including present birth { 2MOTHER.
(15) NAME BEFORE MARRIAGE Gladys Keys
(16) PRESENT POSTOFFICE OF MOTHER New Brookland
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25 (Years)
(19) BIRTHPLACE Edgelyield Co.
(20) OCCUPATION
(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Durham M.D. Columbia S.C.
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report
..... 191....
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Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/30 1924 (28) J. C. Lybrand 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.