

Form No. 1

## (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

31986

Registration District No. 3800 Registered No. 115

(For use of Local Registrar)

## (2) Full Name of Child

Francis Fulmer

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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept 19, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Fulmer

(9) PRESENT POSTOFFICE OF FATHER

Blythewood

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

44

(Years)

(12) BIRTHPLACE

Lexington Co

(13) OCCUPATION

Farmer

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

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Brown

(15) PRESENT POSTOFFICE OF MOTHER

Blythewood

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

41

(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

House wife

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

9

## 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)

Lillian Boulware

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

College Place

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 27, 1922

(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.

RECEIVED OF COLUMBIA, S. C.

MAKING CERTIFICATE OF BIRTH. THIS IS A PERMANENT RECORD. WRITE CAREFULLY WITH INK. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.