

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

(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

16485

Registration District No. 38 Registered No. 1408

(For use of Local Registrar)

(2) Full Name of Child Eleanor Ruth Fulmer { If child is not yet named, make supplemental report as directed

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet? <small>Take answer only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 20 1922</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Hoiglet Leslie Fulmer(9) PRESENT POSTOFFICE OF FATHER 2325 Divine St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Lexville S.C.(13) OCCUPATION Traveling Salesman(20) Number of children born to mother, including present birth { 2 .....

## MOTHER

(14) NAME BEFORE MARRIAGE Matthie Emily Gregory(15) PRESENT POSTOFFICE OF MOTHER 2325 Divine St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Kershaw S.C.(19) OCCUPATION Housewife(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 Born alive at 9:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles E. Dwyer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. 1305 Laurel St.

Given name added from a supplemental report

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

(27) Filed 6-12-1922 (28) G. C. M. Dwyer 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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