

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.

CARY PRINTING CO., COLUMBIA, S. C.

1. PLACE OF BIRTH		CERTIFICATE OF BIRTH		Only
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA		23 046632
Township of..... <u>11</u> .....		Bureau of Vital Statistics		
or		State Board of Health		
Inc. Town of..... <u>11</u> .....		Registration District No. <u>23-a</u>		Registered No. ....
or				(For use of Local Registrar)
City of..... <u>11</u> .....		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 <u>Marvin Boyle Fuller</u> (If child is not yet named, make supplemental report as directed.)				
3. BOY OR GIRL	4. Twin or Triplet <u>2</u>	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Sept. 16, 1923</u>
To be answered only in event of Twins or Triplets				
8. FULL NAME OF FATHER <u>James C. Fuller</u>		9. PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>		
10. COLOR OR RACE <u>White</u>		11. AGE AT LAST BIRTHDAY <u>28</u> (Years)		12. BIRTHPLACE <u>D. C. Lawrence Co.</u>
13. OCCUPATION <u>Textile</u>		14. NAME BEFORE MARRIAGE <u>Willie Mae Whitten</u>		
20. Number of children born to mother, including present birth { <u>3</u>		15. PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>		
		16. COLOR OR RACE <u>White</u>		
		17. AGE AT LAST BIRTHDAY <u>26</u> (Years)		
		18. BIRTHPLACE <u>Abbeville Co.</u>		
		19. OCCUPATION <u>Textile</u>		
		21. Number of children of this mother now living, including present birth { <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>Sept. 16, 1923</u>				
22. I hereby certify that I attended the birth of this child, who was <u>Parulive</u> at <u>12:00</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)				
23. Signature <u>J. D. Harvill</u>				
24. State whether Physician or Midwife <u>Physician</u> Address of Physician or Midwife <u>Greenwood, S.C.</u>				
26. .... (Signature of Witness necessary only when question 23 is signed by mark)				
27. Filed <u>12/6/41</u> 19..... 28. <u>M. B. Mardum</u> Local Registrar				
Given name added from a supplemental report ....., 192..... ..... 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.