

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 Inc. Town of <u>11</u>		State Board of Health			
City of <u>11</u>		Registration District No. <u>23-a</u>		Registered No. <u>23-a</u>	
		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		(For use of Local Registrar)	
				St.; <u>11</u> Ward	
				(No. <u>11</u>)	
				(If child is not yet named, make supplemental report as directed.)	
2. FULL NAME OF CHILD <u>Mary Boyle Fuller</u>		6. Are Parents Married? <u>Yes</u>		7. DATE OF BIRTH <u>Sept. 16, 1923</u>	
3. BOY OR GIRL <u>GIRL</u>		4. Twin or Triplet <u>2</u>		5. Number in order of birth <u>1</u>	
		To be answered only in event of Twins or Triplets		(Name of Month (Day) (Year))	
8. FULL NAME OF FATHER <u>James C. Fuller</u>		14. NAME BEFORE MARRIAGE <u>Willie Mae Whitten</u>		MOTHER	
9. PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>		15. PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>			
10. COLOR OR RACE <u>White</u>		11. AGE AT LAST BIRTHDAY <u>28</u> (Years)		16. COLOR OR RACE <u>White</u>	
12. BIRTHPLACE <u>D.C. Laurens Co.</u>		17. AGE AT LAST BIRTHDAY <u>26</u> (Years)		18. BIRTHPLACE <u>Abbeville Co.</u>	
13. OCCUPATION <u>Textile</u>		19. OCCUPATION <u>Textile</u>			
20. Number of children born to mother, including present birth <u>3</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>Barclay</u> at <u>12:00</u> A.M., (Born alive or stillborn) (Hour A.M. or P.M.)					
23. Signature <u>J. D. Harris</u>					
24. State whether Physician or Midwife <u>Physician</u>					
25. 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 <u>41</u>					
28. <u>M. B. Woodard</u> Local Registrar					
Given name added from a supplemental report					
, 19 <u>41</u>					
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.