CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 91530

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of .....
or
City of Columbia SC

Registration District No. 38a Registered No. 1601 (For use of Local Registrar)
(No. ~~[illegible]~~ 509 Sumter 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 Olie Bell Fuller — 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 Dec 28 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Fuller
(9) PRESENT POSTOFFICE OF FATHER 509 Sumter St
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Greeville SC
(13) OCCUPATION Working on Boat
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Adlyn Fillar
(15) PRESENT POSTOFFICE OF MOTHER 509 Sumter SC
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Greeville SC
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Margaret Lange
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: 1419 Blossom St

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed 12/29/16 19..
(28) E. W. Geiger
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.

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IN A PERMANENT RECORD.

McLAW OF COLUMBIA, COLUMBIA, S. C.