

(1) PLACE OF BIRTH

County of Worcester
Township of Shiloh

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
51995or
Inc. Town of Registration District No. 1704 Registered No. 5
(For use of Local Registrar)
or
City of (No. Sl. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child... not named } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered 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>March 29</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fulton Quattlebaum</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Knight</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Harleysville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Harleysville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Dor</u>			(18) BIRTHPLACE <u>Dor</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth } <u>2</u>			(21) Number of children of this mother now living, including present birth } <u>1</u>	

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)
(24) State whether Physician or Midwife | (25) Address of Physician or Midwifemidwife Julia Williams
Harleysville(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 30 1916 (28) L. H. McKissick
Local Registrar

Given name added from a supplemental report

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Register

*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.

THIS FORM WILL BE MADE AVAILABLE TO ALL STATES BY THE NATIONAL BUREAU OF VITAL STATISTICS

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCay, of Columbia