

(1) PLACE OF BIRTH

County of OrangeburgTownship of 1st. Land.

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4824

Registration District No. 3607 Registered No. 29
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Albert McCullum If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 28, 23
(Name of Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>William B. McCullum</u>			(14) NAME BEFORE MARRIAGE	<u>Laura Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Springfield</u>			(16) PRESENT POSTOFFICE OF MOTHER	<u>Springfield</u>		
(10) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY	<u>32</u>	(Year)	(10) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>32</u>	(Year)
(12) BIRTHPLACE	<u>Ill.</u>			(16) BIRTHPLACE	<u>Ill.</u>		
(13) OCCUPATION	<u>Farming</u>			(18) OCCUPATION	<u>Domestic</u>		
(20) Number of children born to mother, including present birth	<u>1</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 Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie McCullum
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

(26) Witness John Haskett (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 28, 23 (28) S. M. Lasant 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.

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 4.