

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*or
Inc. Town ofor
City of

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

(2) Full Name of Child *Geo. William Cullitte*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Male</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>4th</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 12th</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Geo. W. Cullitte*(9) PRESENT POSTOFFICE OF FATHER *Silver R. F.D.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25*
(Years)(12) BIRTHPLACE *Columbia S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *Four*

MOTHER.

(14) NAME BEFORE MARRIAGE *Alice Ethel Richburg*(15) PRESENT POSTOFFICE OF MOTHER *Silver R. F.D.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24*
(Years)(18) BIRTHPLACE *Silver R. F.D.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Feb. 12th* *1916* *A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Thos. J. Bailey, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed *Feb. 15, 1916* (28) *J. E. Broadway, Jr.*
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.

NOTE: This is a permanent record. It is the duty of the father, householder, etc., to 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.