

Form No. 1

## (1) PLACE OF BIRTH

County of Yamboo  
 Township of Reind  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

546

Registration District No. 4308 Registered No. 10  
 (For use of Local Registrar)

(No. .... 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 Rose Mae Culcher If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 12 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Amber S. Mc Culcher  
 (9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38  
 (Year) (12) BIRTHPLACE Yamboo Co., S.C.  
 (13) OCCUPATION Farm Laborer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Parthenia Perry  
 (15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
 (Year) (18) BIRTHPLACE Yamboo Co., S.C.  
 (19) OCCUPATION Farm Laborer  
 (20) Number of children of this mother now living, including present birth 6

(21) Number of children born to mother, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana Casey(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lanes, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 20 1923

(28)

W. R. Mosley  
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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.

Revised by Columbia, Columbia, S. C.