

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.
 McCa v. of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of St. Phillips St. Michaels State Board of Health
 or
 Inc. Town of Registration District No. 989 Registered No. 66
 or
 City of Charleston (No. 7 Mile) SL: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45669

(2) Full Name of Child Antler Kuloch } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>07</u> <small>To be answered only in event of Twins or Triplets.</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>January 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Samuel Kuloch</u>	(14) NAME BEFORE MARRIAGE <u>Larsa Rutler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>7 Mile</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>7 Mile</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>7 Mile</u>	(18) BIRTHPLACE <u>7 Mile</u>			
(13) OCCUPATION <u>Raborn</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>0</u>	(21) Number of children of this mother now living, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Lena M. Neal
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report 191.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) FILED Jan 18, 1916 (28) C. T. Myers 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.