

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

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 Evelyn Frances Culbertson

(3) SEX OR CHILD Girl (4) Type or Trade To be reported only in case of Type or Trade (5) Number in order of birth 1 (6) DATE OF BIRTH 11-4-23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph E. Culbertson

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Miss.

(13) OCCUPATION Miss operator

(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Edna Lila Conant

(16) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23 (Years)

(19) BIRTHPLACE Ala.

(20) OCCUPATION Miss operator

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Edna Lila Conant(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered)

(27) Filed

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(28) ANDERSON

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

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