

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 Cecil G. Culbertson, Columbus, S. C.

(1) PLACE OF BIRTH

County of *Winthrop*
 Township of *Perry*
 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

9468

Registration District No. *430.8* Registered No. *18*
 (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 *Ruth Smith* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 5, 1922* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Abraham Smith*
 (9) PRESENT POSTOFFICE OF FATHER *Salters Depot S.C. R.3*
 (10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *33* (Years)
 (12) BIRTHPLACE *Williamsburg co. S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Viola Conyers*
 (15) PRESENT POSTOFFICE OF MOTHER *Salters Depot S.C. R.3*
 (16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *25* (Years)
 (18) BIRTHPLACE *Williamsburg co. S.C.*
 (19) OCCUPATION *Farm Laborer*
 (21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Chie's Purvis* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Salters Depot S.C. R.3*

Given name added from a supplemental report

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

(27) Filed *March 15, 1923* (28) *R. R. Mosley* 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.

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