

Form No. 1

(1) PLACE OF BIRTH
County of Marion
Township of
or
Inc. Town of Mullins
or

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 86557 For State Registrar Only

Registration District No. 32 B Registered No. 147
(For use of Local Registrar)

City of (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 Harold Smith Culbreth If child is not yet named, make supplemental report as directed

3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 28, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME C. K. Culbreth
(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Hamm, S.C.
(13) OCCUPATION Carpenter
(14) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Helen Sessions
(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Latta, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Mullins, S.C.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by bank)
(27) Filed 11/29/1916 (28) [Signature] 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.

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.