

MARGIN RESERVED FOR BINDING.

WHITE 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.

State of Columbia, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Laurens  
 Township of .....  
 or  
 Inc. Town of Cross Hill  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35222

Registration District No. 2900 Registered No. 28  
 (For use of Local Registrar)

(2) Full Name of Child William Luther Culbertson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 30 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Gady Culbertson</u>			(14) NAME BEFORE MARRIAGE <u>Hester Richey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cross Hill SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross Hill SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Bookkeeper</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. B. Gules  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Hill SC

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 22 19 22 (28) P. B. Williams  
 Registrar 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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