

Form No. 1

(1) PLACE OF BIRTH
 County of York
 Township of
 or
 Inc. Town of Fort Mill
 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
50814

Registration District No. 4406 Registered No. 13
 (For use of Local Registrar)

(2) Full Name of Child Thomson Morris Culp If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 19, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomson Culp
 (9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Mill operative
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Osie Hood
 (15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as 10 Am. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. L. Parks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report

(26) Witness A. L. Parks (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1916 (28) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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 3.
 State of Columbia