

1. PLACE OF BIRTH
Township of Chas 8C
County of Chas 8C
or
Inc. Town of Chas
or
City of Chas 8C

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9a

FILE No.—For State Registrar Only
62-35A

Registered No. 455A
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD Harry Cullen (If child is not yet named, make supplemental report as directed)

By or Girl Boy - If Plural births 1 4. Twin, triplet, or other 1 5. Premature Yes 7. Legiti- Yes 8. Date of birth March 5, 1923
9. Full name Jeff Cullen FATHER 10. Full maiden name Anna Williams MOTHER

Residence (usual place of abode) (If nonresident, give place and State) 157 1/2 Chas 8C 19. Residence (usual place of abode) (If nonresident, give place and State) 157 1/2 Chas 8C

Color or race Col 20. Color or race Col 21. Age at last birthday 33 (Years)

Birthplace (city or place) (State or country) Johns Isl. 8C 22. Birthplace (city or place) (State or country) Chas 8C

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hacking 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Book & washer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home & luggage 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Print family

16. Date (month and year) last engaged in this work Oct 5, 1920 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work Oct 5, 1920 26. Total time (years) spent in this work 20 yrs

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 m. on the date above stated (Born alive or stillborn)

(Signed) W. P. Hitt M. D.

or _____ Midwife

Address Box 6

Filed Oct 6, 1930 C. P. Pragnall

Registrar