Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or

Inc. Town of Pelzer S.C.

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

31557

Registration District No. 3 Registered No. 158

(For use of Local Registrar)

(No. ..... St.) (Ward)

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

(2) Full Name of Child Unnamed Culbertson

(3) BOY OR GIRL?	(4) Twin or Triplet (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Nov.	29	23

FATHER

(8) FULL NAME: Frank Culbertson

(9) PRESENT POSTOFFICE OF FATHER: Pelzer S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Mill Work

(20) Number of children born to mother, including present birth: 7

MOTHER

(14) NAME BEFORE MARRIAGE: Allie Long

(15) PRESENT POSTOFFICE OF MOTHER: Pelzer

(16) COLOR OR RACE: white

(17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Domestic

(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 11 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. F. Madden

(24) State whether Physician or Midwife: M.D.

(25) Address of Physician or Midwife: Pelzer S.C.

Given name added from a supplemental report

..... 19 .....

..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 2 1923 (28) [illegible] 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH LEAD PENCIL OR PEN AND INK. DO NOT USE DITTO MARKS.

If a—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH. Write name of each in column 1.

If b—In case of TWINS OR TRIPLETS, No. 1 refers to FIRST-BORN. No. 2, etc., in question 4.