

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

or

Inc. Town of .....

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

78674

Registration District No. 3611 Registered No. 61

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) 1916 (Year)

## FATHER.

(8) FULL NAME

Charles Wesley Culter

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43 (Years)

(12) BIRTHPLACE

Orangeburg SC

(13) OCCUPATION

Teacher

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

LENA CAROLINE WHEATSTONE

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Calhoun Co SC

(19) OCCUPATION

Housewife

(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 4:40 A.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) John A. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Orangeburg SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

9/20/16

(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.

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