

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of No 6

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.)

(2) Full Name of Child Thomas Culbreath

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

3) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>apr. 17, 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Kirksey Culbreath

9) PRESENT POSTOFFICE OF FATHER Saluda, SC.

10) COLOR OR RACE blk

11) AGE AT LAST BIRTHDAY 21
(Years)

12) BIRTHPLACE Saluda Co.

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Georgia Holloway

15) PRESENT POSTOFFICE OF MOTHER Saluda, SC.

16) COLOR OR RACE blk

17) AGE AT LAST BIRTHDAY 17
(Years)

18) BIRTHPLACE Saluda Co

19) OCCUPATION Housewife

21) 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 alive at 8:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lilla Harris(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Saluda, SC.

Given name added from a supplemental report

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

(27) Filed Aug 10, 1922 (28) S. W. Koon 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23790

Registration District No. 3905 Registered No. 54
(For use of Local Registrar)

St.; Ward)

(No.)

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MARGIN RESERVED FOR BINDING.

WRITE 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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.