

Form No. 1.

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**43267**

## (1) PLACE OF BIRTH

County of Dorchester  
Township of Galveston Ferry  
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.)

Registration District No. 525 Registered No. 09  
(For use of Local Registrar)

## (2) Full Name of Child Isabel Louise Culey } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 29</u> 19 <u>11</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------	-------------------------------------	----------------------------------------------------------------------------------------------

### FATHER.

(8) FULL NAME Julius Sullivan Culey  
(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Bertie Co., N.C.  
(13) OCCUPATION Clerk  
(20) Number of children born to mother, including present birth 1

### MOTHER.

(14) NAME BEFORE MARRIAGE Reina Ann Price  
(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Marion Co., S.C.  
(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 born alive at 7:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. King  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Myrtle Beach, S.C.

Given name added from a supplemental report  
..... 191.....  
..... 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
Geo. M. Muggins  
(27) Filed 5 191..... (28) Geo. M. Muggins 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 FINDING.  
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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McCaw, of Columbia