

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY. WITH EXTENDING INK—THIS IS A PERMANENT RECORD, and mark the N. H.—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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		5016	
County of <u>Marlboro</u>		State Board of Health			
Township of <u>Adamsville</u>		Registration District No. <u>3300</u>		Registered No. <u>21</u>	
OR				(For use of Local Registrar)	
Inc. Town of .....		No. ....		St.; ..... Ward	
OR					
City of .....		(No. ....)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Samuel McCulluck</u>		If child is not yet named, make supplemental report as directed			
3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>-</u>	5) Number in order of birth <u>-</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 28</u> 19 <u>22</u>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER			MOTHER		
8) FULL NAME <u>Callup McCulluck</u>	14) NAME BEFORE MARRIAGE <u>Bettie Asque</u>				
9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville S.C.</u>				
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
12) BIRTHPLACE <u>I.S.C.</u>	18) BIRTHPLACE <u>S.C.</u>				
13) OCCUPATION <u>Farming</u>	19) OCCUPATION <u>Farmer Labor</u>				
20) Number of children born to mother, including present birth <u>5</u>	21) Number of children of this mother now living, including present birth <u>4</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>at 30</u> <u>P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Quanda Wall</u>		(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <u>July 22</u> 19 <u>22</u> (28) <u>A. L. Newton</u> Local Registrar			
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.