

## 1) PLACE OF BIRTH

County of Greenville

Township of .....

Incl. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19336

Registration District No. 308 Registered No. 34  
(For use of Local Registrar)

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

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child James (If child is not yet named, make supplemental report as directed)3) SEX OF CHILD Boy 4) Twin or Triplet? 5 5) Number in order of birth 5 6) Are Parents Married yes 7) DATE OF BIRTH June 2 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME John A. Cullen9) PRESENT POSTOFFICE OF FATHER Harbourside Rd10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 40  
(Years)12) BIRTHPLACE SC13) OCCUPATION Farmer14) Number of children born to mother, including present birth 5

## MOTHER.

14) NAME BEFORE MARRIAGE Eva Wadkins15) PRESENT POSTOFFICE OF MOTHER Harbourside Rd16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 28  
(Years)18) BIRTHPLACE SC19) OCCUPATION Housewife

20) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. P.

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

Given name added from a supplemental report

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

(27) Filed 19 (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.

ALLEGED REGISTRAR FOR BIRTH DURING  
 WHILE BEING A. WITH CHANGING INFO. THIS IS A VIOLATION OF THE LAW. IF YOU DO NOT  
 N. H.—In case of TWINNING OR TRIPLETS, use a SEPARATE REPORT FOR EACH CHILD. IN QUESTION 3  
 BIRTH-CHILD. NO 1. OTHER CHILD, NO 2, ETC. IN QUESTION 3