

Registration District No. 3 Charlotte Registered No. 17th Ward and number.
 City of Charleston (No. 3 Charlotte St.; 17th Ward) and number.
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 Full Name of Child: Attila Kullbach { If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 7 - 16</u> (Name of Month) (Day) (Year)
FATHER. <u>James Kullbach</u>		MOTHER. <u>Vida Knapp</u>	
(14) NAME BEFORE MARRIAGE <u>Charleston S.C.</u>		(15) PRESENT PORTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(18) BIRTHPLACE <u>Charleston S.C.</u>		(19) OCCUPATION <u>None</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1 et.</u>	

8 / 16
 (Month) (Day) (Year)
Halt
Low S.C.
26
 (Years)
Co. - Mich.
Out

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was alive at 5 P.M. M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) John P. Reuther
 (24) State whether Physician or Midwife (23) Address of Physician or Midwife

30 P.M.
MD
Temple

(26) Witness Jessie Kullbach
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 7/14 1916 (28) Local Registrar.

Green
Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
 If child cannot breathe even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.