

(1) PLACE OF BIRTH

County of LancasterTownship of Lancasteror
Inc. Town ofCity of Lancaster (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20373

Registration District No. 42-1 Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child Willie E. Culberson 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> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6-23-22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(8) FULL NAME Willie E. Culberson

(9) PRESENT POSTOFFICE OF FATHER 17 N. Parkway, Lancaster, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Lancaster, S.C.

(13) OCCUPATION Cotton Mill Work

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

MOTHER

(14) NAME BEFORE MARRIAGE Sophie D. Cahr

(15) PRESENT POSTOFFICE OF MOTHER 17 N. Parkway, Lancaster, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Lancaster, S.C.

(19) OCCUPATION Domestic

(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 at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 7-10-22 (28) [Signature] 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 5th month of pregnancy.

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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 5.

N.B. City of Columbia

MCCAY