

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Miss. J. Bone

Inc. 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

38162

Registration District No. 107 Registered No. 49

(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

If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) TIME 1 (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH 11/20/23

To be reported only in event of Twins or Triplets

(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME A. J. Culbert

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION Furniture

(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Alma Thelma

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31

(18) BIRTHPLACE Abbeville S.C.

(19) OCCUPATION Home Wdr

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. R. Turner(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 Jan 8 24 (28) E. R. Miller 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

SEAL OF COMMISSIONER OF HEALTH, S. C.