

(1) PLACE OF BIRTH

County of Roanoke
Township of Lenoir
or
Inc. Town of Lenoir
or
City of _____
(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
85231

Registration District No. 1504 Registered No. 153
(For use of Local Registrar)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH Oct 20 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME Lebed M. Culham
(9) PRESENT POSTOFFICE OF FATHER Lenoir R 4
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Nor Lenoir
(13) OCCUPATION Farmer

MOTHER:
(14) NAME BEFORE MARRIAGE _____
(15) PRESENT POSTOFFICE OF MOTHER Lenoir S^c R 4
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Nor Lenoir S^c
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth { 1 (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 alive, at 11 P. M., on the date above stated. (Hour A. M. or P. M.)
(23) (Signature) S. D. Turner MD
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 9 1916 (28) S. W. Campbell 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.

Registrar _____ Local Registrar _____

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia

FORM NO. 3
WITH PLAIN, WITH UPRIGHT, AND WITH CURVED HEADERS
McCaw, of Columbia