

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 31589

City of Anderson (No. 68 E) (St. 12) (Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 1922 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME A C McCullum
 (9) PRESENT POSTOFFICE OF FATHER Anderson
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Wart Co Ga
 (13) OCCUPATION Textile
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Barnes
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Wart Co Ga
 (19) OCCUPATION housewife
 (20) 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 8 M. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 191 (28) B. CRAYTON (29) ANDERSON (30) 12

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.

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