

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Crossin
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30175

Registration District No. 4-101-A Registered No. 104
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Will E. Culbreth

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

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 2 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Culbreth
 (9) PRESENT POSTOFFICE OF FATHER Hamboville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (Year) (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Bruce
 (15) PRESENT POSTOFFICE OF MOTHER same
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (Year) (18) BIRTHPLACE SC
 (19) OCCUPATION Homemaker
 (20) Number of children of this mother now living, including present birth 1-6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. E. Thompson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hamboville SC

Given name added from a supplemental report

Quinn Lacey
Oct. 28 1923

(26) Witness

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

(27) Filed 9/20 1923 (28) C. S. Mayberry Local Registrar

When a child is born, the attending physician or midwife, then the father, must report the birth of the child to the local registrar. 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.