

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

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

(2) Full Name of Child

Albert W. Cullins

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Dec. 18, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Albert W. Cullins

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38

(Year)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

mechanic

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

11

(14) NAME BEFORE MARRIAGE

Sallie Louise McCallen

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

27

(Year)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Walter Smith

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Anderson S.C.

(Given name added from a supplemental report)

(26) Witness

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

F. B. CRAYTON,

(27) Filed

19

(28)

ANDERSON S.C.

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.

Supplementary report

(Date of)

Address Route 2, Anderson S.C.Filed AUG. 201924

Registrar