

1) PLACE OF BIRTH

County of Lexington  
 Township of St. Paul  
 In the 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  
**19341**

Registration District No. 3008 Registered No. 39  
 (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 Paul Henry Cullaw 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 June 25, 1932  
 (Name of Month) (Day) (Year)

**FATHER.**  
 8) FULL NAME Harry Cullaw  
 9) PRESENT POSTOFFICE OF FATHER Hartsville SC R2  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 54 (Years)  
 12) BIRTHPLACE SC  
 13) OCCUPATION Farmer  
 14) Number of children born to mother, including present birth 1

**MOTHER.**  
 14) NAME BEFORE MARRIAGE Carrie Loyd  
 15) PRESENT POSTOFFICE OF MOTHER Hartsville SC R2  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26 (Years)  
 18) BIRTHPLACE SC  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

22) I hereby certify that I attended the birth of this child, who was Alive at 9a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23) (Signature) C. H. Tate  
 24) State whether Physician or Midwife Mid 25) Address of Physician or Midwife Bishopville SC R6

Given name added from a supplemental report  
 ....., 19 .....

26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 27) Filed July 12, 1932 28) R. M. Smith 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.

REMARKS: REGISTERED FOR BIRTH RECORDING  
 WHEN AT BIRTH, WARDEN OF ASYLUM, OR OTHER OFFICIAL, NO. 1, THIS CHILD, NO. 2, ETC., IN QUESTION  
 IN CASE OF TWIN, OR TRIPLETS, NO. 1, THIS CHILD, NO. 2, ETC., IN QUESTION  
 No. 1, THIS CHILD, NO. 2, ETC., IN QUESTION