

(1) PLACE OF BIRTH

County of Douglas

Township of

or
Inc. Town of Harloweor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 15B

File No. — For State Registrar Only

3878

Registered No. 29
(For use of Local Registrar)(2) Full Name of Child, Alto June Culp, (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Age Parents Married? Y (7) DATE OF BIRTH July 18 22
If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME Charles Wiggins Lusk(9) PRESENT POSTOFFICE OF FATHER Harlowe S.C.(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Lorco(13) OCCUPATION Traveling Salesman(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Alto June Culp(15) PRESENT POSTOFFICE OF MOTHER Harlowe S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Lorco(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:55 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Culp(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harlowe S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed July 13 1922 (28) J. M. Culp 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.