

(1) PLACE OF BIRTH

County of

Edgfield
Wood

Township of

or
Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76876

Registration District No. *1811* Registered No. *16*

(For use of Local Registrar)

(2) Full Name of Child *Helen Elizabeth Cullen* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Aug 25 1916*

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Ed Cullen

(14) NAME BEFORE MARRIAGE

Eunice Scott

(9) PRESENT POSTOFFICE OF FATHER

Johnston

(15) PRESENT POSTOFFICE OF MOTHER

Johnston

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY *37* (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY *35* (Years)

(12) BIRTHPLACE

Edgfield Co

(18) BIRTHPLACE

Edgfield Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

9

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:30 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. F. Shafter M.D. Johnston S.C.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Sept 1 1916* (28) *J. A. Felt* 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.

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THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OFFICE, No. 2, etc., in question 5. McCRAW, of Columbia.

McCRAW