

(1) PLACE OF BIRTH

County of DillonTownship of Harcevilleor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1602 Registered No. 78
(For use of Local Registrar)(No. 165 Intyre 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 Anne McCull (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 27, 23
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME James McCull
(9) PRESENT POSTOFFICE OF FATHER Wintum SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE IL
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Five - (2)MOTHER.
(14) NAME BEFORE MARRIAGE Glice McIntyre
(15) PRESENT POSTOFFICE OF MOTHER Wintum SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE IL
(19) OCCUPATION farm work
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catherine Phillips
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wintum SCGiven name added from a supplemental report
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19(26) Witnesses
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 6, 23 (28) 13 F Hardy Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.