

(1) PLACE OF BIRTH

County of Hartland
Township of Campobello
or
Inc. 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
74732

Registration District No. 4001-a Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child. Anna Louise Culbreth } 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 4th (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 25, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James John Culbreth
(9) PRESENT POSTOFFICE OF FATHER Landerum S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Park Co. N.C.
(13) OCCUPATION Running a lumber plant
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Josephine May Newman
(15) PRESENT POSTOFFICE OF MOTHER Landerum S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Ramoth Co. N.C.
(19) OCCUPATION Housekeeper
(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 8:20 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) R. G. Christophers, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Landerum S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 6 1916 (28) C. L. Wesley 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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