

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH **Lancaster**
County of **Lancaster**
Township of **Guthrie**
or
Inc. Town of
or
City of
(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

Registration District No. **2804** Registered No. **96**
(For use of Local Registrar)

(2) Full Name of Child **Harry Leon Culheim** (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 **May 25 1922**
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **L. S. Culheim**
(9) PRESENT POSTOFFICE OF FATHER **Lancaster Co.**
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **36**
(Year)
(12) BIRTHPLACE **Lancaster Co.**
(13) OCCUPATION **Farmer.**

MOTHER.
(14) NAME BEFORE MARRIAGE **Beal Culheim**
(15) PRESENT POSTOFFICE OF MOTHER **Lancaster**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **32**
(Year)
(18) BIRTHPLACE **Lancaster Co.**
(19) OCCUPATION **Housewife**

(20) Number of children born to mother, including present birth **7** (21) Number of children of this mother now living, including present birth **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) **D. L. Culheim**
(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Lancaster**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed **5-27-22** 19 **22** Local Registrar **J. Henderson**

*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.