

WHEN PLAINLY, 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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Lancaster  
 Township of Green  
 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

File No.—For State Registrar Only  
**15532**

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

**(2) Full Name of Child** Harry Lee Culheim (If child is not yet named, make supplemental report as directed)

**(3) BOY OR GIRL?** Boy **(4) Twin or Triplet?** ..... **(5) Number in order of birth** ..... **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** May 25 22  
To be answered only in event of Twins or Triplets (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  
(Years)  
**(12) BIRTHPLACE** Lancaster Co.  
**(13) OCCUPATION** Farmer.  
**(20) Number of children born to mother, including present birth** 7

**MOTHER.**  
**(14) NAME BEFORE MARRIAGE** Beard Culheim  
**(15) PRESENT POSTOFFICE OF MOTHER** Lancaster  
**(16) COLOR OR RACE** White **(17) AGE AT LAST BIRTHDAY** 32  
(Years)  
**(18) BIRTHPLACE** Lancaster Co.  
**(19) OCCUPATION** Housewife  
**(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 ..... 5:30 M.,  
 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.....  
 Registrar 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.

July  
 Ward  
 make  
 22  
 11  
 R A  
 25  
 M. P. M.  
 Midwife  
 20  
 Registrar  
 17