

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of

City of Columbia

(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 HealthFile No. — For State Registrar Only
18920Registration District No. 38^aRegistered No. 489
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 24, 1923
(If of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Ward Culp(9) PRESENT POSTOFFICE OF FATHER 201 S. Lady(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE KS(13) OCCUPATION R. R. Fireman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Cline(15) PRESENT POSTOFFICE OF MOTHER 201 S. Lady(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21
(Year)(18) BIRTHPLACE PC(19) OCCUPATION House(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn. (Hour, M. or P. M.))(22) (Signature) R. J. J. J.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed July 12, 1923 (27) J. J. J. 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.

Before the fifth month of pregnancy.