

1. 2.—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 printing.

(1) PLACE OF BIRTH

County of L. hester
Township of Lewisville
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 1106 Registered No. 18
(For use of Local Registrar)

No. 18.—For State Registrar Only
2383

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Colman Culp If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Type of Trunk yes (5) Number in order of birth 1 (6) Age at birth 3 1/2 (7) Date of birth Jan 31 (8) Time of birth 10:30
To be answered only in case of Twin or Triplets

FATHER.

(9) Full Name Allen Culp
(10) Present Residence of Father Richburg, S.C.
(11) Color of Race Black (12) Age at last birthday 46
(13) Birthplace SC
(14) Occupation Farming
(15) Number of children born to mother, including present birth 3

MOTHER.

(16) Name before marriage Barrie Culp
(17) Present Residence of Mother Richburg, S.C.
(18) Color of Race Black (19) Age at last birthday 38
(20) Birthplace SC
(21) Occupation Farming
(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at the date above stated.
(24) (Signature) Belle Westbrook (25) State whether Physician or Midwife Midwife (26) Address of Patient or Midwife Richburg

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(28) Filed 2-3 (29) Local Registrar J. H. H. H.

When the father, householder, etc., should make this return. No report is desired of stillbirths before the last month of pregnancy.