

Form No. 1

(1) PLACE OF BIRTH
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County of *Colleton*
 Township of *Tarleton*
 OF
 Inc. Town of
 OF
 City of

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

Registration District No. *130*Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child, *Mrs. Kulo*
 (If child is not yet named, give supplemental report)

3) **BOY OR GIRL** *girl* 4) **Twin or Triplet** 5) **Number in order of birth** 6) **Are Parents Married** *Yes* 7) **DATE OF BIRTH** *Jan 2 1900*
 (Name of Month) (Day)

FATHER.		MOTHER.	
8) FULL NAME <i>Abraham Kulo</i>	14) NAME BEFORE MARRIAGE <i>Elaine Kulo</i>	9) PRESENT POSTOFFICE OF FATHER <i>Lowndes S.C.</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Lowndes S.C.</i>
10) COLOR OR RACE <i>Black</i>	11) AGE AT LAST BIRTHDAY <i>23</i> (Years)	16) COLOR OR RACE <i>Black</i>	17) AGE AT LAST BIRTHDAY (Years)
12) BIRTHPLACE <i>S.C.</i>	18) OCCUPATION <i>Labourer</i>	19) BIRTHPLACE <i>S.C.</i>	20) OCCUPATION <i>Jan. labourer</i>
21) Number of children born to mother, including present birth <i>1</i>	22) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) *L. P. Sprout*
 (25) Since whether Physician or Midwife (26) Address of Physician or Midwife
M. W. Lowndes S.C.

Given name added from a supplemental report

(27) Witness *L. P. Sprout*
 (Signature of Witness necessary only when question 23 is signed by mark)
 (28) Filed *14* 1900 (29) *L. P. Sprout*
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.