

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2501

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

or

Inc. Town of

or

City of

Registration District No. 4002.8 Registered No. 11

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Allen C. Culbreth

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 15 32

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. H. Culbreth

(9) PRESENT POSTOFFICE OF FATHER

Farpoint R1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

3.3

(Year)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Weaver

(15) PRESENT POSTOFFICE OF MOTHER

Farpoint S. C. R1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

2.5

(Year)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1 3

(21) Number of children of this mother now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. H. Culbreth

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Farpoint S. C. R1

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb

(28)

W. H. Culbreth

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.

MAINTAIN SEPARATE RECORD FOR BIRTHING

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 8.

STATE OF SOUTH CAROLINA, Columbia, S. C.