

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

Office of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Laurens
 Township of Cambria
 OF
 Inc. TOWN of.....
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35118

Registration District No. 2801

Registered No. 37
 (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 Anna Ella Culp If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Y (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 30, 1904
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Paul Culp
 (9) PRESENT POSTOFFICE OF FATHER Laurens
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Laurens Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Myrtle McCona
 (15) PRESENT POSTOFFICE OF MOTHER Laurens
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 16 (Year)
 (18) BIRTHPLACE Laurens Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Phy (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

(26) Witness W (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 20, 1904 (28) W. H. Draft 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.

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.