

(1) PLACE OF BIRTH
County of Saluda
Township of No 5

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

File No. 70293 For State Registrar Only

Inc. Town of Registration District No. 3924 Registered No. 44
(For use of Local Registrar)
City of (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 ader culbeath { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl one</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) *DATE OF BIRTH <u>June 24</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter culbeath</u>			(14) NAME BEFORE MARRIAGE	
(9) PRESENT POSTOFFICE OF FATHER <u>Saluda</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE		
(12) BIRTHPLACE <u>Saluda Co.</u>		(17) AGE AT LAST BIRTHDAY (Years)		
(13) OCCUPATION <u>farmer</u>			(18) BIRTHPLACE	
(19) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Walter Culbeath
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 24 1916 (28) 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 1. THE OTHER, No. 2, etc., in question 5. McGraw, of Columbia.