

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91942

Registration District No. 41A

Registered No. 238

(For use of Local Registrar)

St.; 3 Ward

(2) Full Name of Child

Martha Cull

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

7

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 3 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Washington Cull

(9) PRESENT POSTOFFICE OF FATHER

Sumter SC

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Sumter SC

(13) OCCUPATION

Farmer

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

2

(14) NAME BEFORE MARRIAGE

Martha Cull

(15) PRESENT POSTOFFICE OF MOTHER

Sumter SC

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Sumter SC

(19) OCCUPATION

House Keeper

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

L. J. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

W. J. McKee

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

(27) Filed

Dec 3 1916

(28)

W. J. McKee

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 PRINTING IN A HUMANITARIAN RECORD. N. 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.