

Form No. 1

## (1) PLACE OF BIRTH

County of MarionTownship of Red Bluffor  
Inc. Town of McCallor  
City of Ac

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19477

Registration District No. 330ARegistered No. 63

(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 Leon Earl Culppepper If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? <u>Boy</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>May 23, 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8. FULL NAME <u>Leon F. Culppepper</u>	(14) NAME BEFORE MARRIAGE <u>Ruby Stone</u>	9. PRESENT POSTOFFICE OF FATHER <u>McCall SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McCall SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
12. BIRTHPLACE <u>Totek Co Ga</u>	18. BIRTHPLACE <u>Burnettsville SC</u>	13. OCCUPATION <u>Mechanic</u>	19. OCCUPATION <u>Domestic</u>
20. Number of children born to mother, including present birth <u>1</u>	21. Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>J. H. Weatherly</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>McCall SC</u>
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Given name added from a supplemental report

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

(27) Filed June 21, 1922 (28) J. H. Weatherly 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.

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

McCALL OF COLUMBIA, COLUMBIA, S. C.