

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Bamberg  
 or  
 Loc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3146

Registration District No. 402 Registered No. 13  
 (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 Gilbert B. Cummings

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gilbert Cummings  
 (9) PRESENT POSTOFFICE OF FATHER Burchville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Bamberg Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Grider  
 (15) PRESENT POSTOFFICE OF MOTHER Burchville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Bamberg Co.  
 (19) OCCUPATION Domestic  
 (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 Alive at 11 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hayden H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Burchville S.C.

Given name added from a supplemental report

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

(27) Filed 3/6 1922 (28) J. L. Smith 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.

RECEIVED BY STATE BOARD OF HEALTH, DIVISION OF VITAL STATISTICS, COLUMBIA, S. C. 2. THIS OFFICIAL, No. 2, etc. in question 8.