

# 1(1) PLACE OF BIRTH

Form No. 1.

## (1) PLACE OF BIRTH

County of *Albemarle*

Township of *Vanderhose*

or

Loc. Town of *Vanderhose*

or

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

20687

Registration District No. *204*

Registered No. *52*

(For use of Local Registrar)

(2) Full Name of Child *Clara May Cunningham*

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

(3) ~~SEX~~  
GIRL?

(4) ~~Twin~~  
or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married?

(7) DATE OF  
BIRTH *Sept 22, 1922*

(Name of Month) (Day) (Year)

### FATHER.

(8) FULL  
NAME *Stephen Cunningham*

(9) PRESENT  
POSTOFFICE  
OF FATHER *Vanderhose*

(10) COLOR  
OR  
RACE *Colored*

(11) AGE AT LAST  
BIRTHDAY *21*

(Years)

(12) BIRTHPLACE *Edgefield Co*

(13) OCCUPATION *Farm hand*

(20) Number of children born to  
mother, including present birth *2*

### MOTHER.

(14) NAME BEFORE  
MARRIAGE *Clara Long*

(15) PRESENT  
POSTOFFICE  
OF MOTHER *Vanderhose*

(16) COLOR  
OR  
RACE *Colored*

(17) AGE AT LAST  
BIRTHDAY *18*

(Years)

(18) BIRTHPLACE *Albemarle Co*

(19) OCCUPATION *house work*

(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 *10* *P.*M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *D. L. L. L.*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Vanderhose, S.C.*

Given name added from a supplement  
tal report

(26) Witness

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

(27) Filed *July 20 1922*

(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.

McGraw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.