

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orange
or
Inc. 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
16250

Registration District No. 36.13 Registered No. 44
(For use of Local Registrar)

(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 Ashly Cummings Jr. 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 May 24 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ashly Cummings
(9) PRESENT POSTOFFICE OF FATHER Cameron, S. C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Orangeburg, S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE I della Cummings
(15) PRESENT POSTOFFICE OF MOTHER Cameron, S. C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Orangeburg, S. C.
(19) OCCUPATION Farm Help
(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 alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Dant
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, 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 May 29 19 22 (28) A. L. Fairing 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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.