(1) PLACE OF BIRTH

County of Lancaster

Township of Pleasant Hill

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

15542

Registration District No. 2806 Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child John Cunningham

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	May 8, 1922

FATHER.

(8) FULL NAME: Ganson Cunningham

(9) PRESENT POSTOFFICE OF FATHER: Heath Springs S.C. R-

(10) COLOR OR RACE: Col (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Lancaster county

(13) OCCUPATION: farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE: Lottie Rutledge

(15) PRESENT POSTOFFICE OF MOTHER: Heath Springs S.C. R-

(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Lancaster co

(19) OCCUPATION: Farm Hand

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Martha Cunningham

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Heath Springs S.C. R

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed May 13 19 22 (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.

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 3.

McCAW OF COLUMBIA, COLUMBIA, S. C.

Registrar

Local Registrar.

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