

(1) PLACE OF BIRTH

County of *Charleston S.C.*

Township of

Inc. Town of

City of *Charleston S.C.*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

3238

Registration District No. *9 A*Registered No. *328*...

(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 *Lorinda Lorraine Cunningham*(1) SEX OR *Boy* (2) Twin or Triplet (3) Number in order of birth *One* (4) Are Parents Married *Yes* (5) DATE OF BIRTH *Feb 14 1923*
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME *Charles Cunningham*
(7) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*
(8) COLOR OR RACE *Colored* (9) AGE AT LAST BIRTHDAY *3* (Years)
(10) BIRTHPLACE *Charleston S.C.*
(11) OCCUPATION *Bricklayer*

MOTHER.

(12) NAME BEFORE MARRIAGE *Marion Trasee*
(13) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*
(14) COLOR OR RACE *Colored* (15) AGE AT LAST BIRTHDAY *29* (Years)
(16) BIRTHPLACE *Charleston S.C.*
(17) OCCUPATION *House wife*
(18) Number of children born to mother, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(19) I hereby certify that I attended the birth of this child, who was *Lorinda Lorraine* at *2:35 P.M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(20) (Signature) *Marion Trasee*
(21) State whether Physician or Midwife *Midwife* (22) Address of Physician or Midwife *52*

GIVEN UNDER HAND AND SEAL OF OFFICE OF THE REGISTRAR

(23) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(24) Filed *2/16* 19 *23* (25) *Marion Trasee*

When the child is born in a hospital or other institution, then the father, householder, etc., should make this return. If a child is born at home, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.