

(1) PLACE OF BIRTH

County of York
 Township of King's Mtn.
 or
 Inc. Town of.....
 or
 City of.....

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

No. 30656
 (For use of Local Registrar)

Registration District No. 4407

Registered No. 122
 (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

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

(1) SEX OR CHILD <u>girl</u>	(2) Type or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Sept 22 1923</u> (Month of birth) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Geo. W. Cummings</u>			(14) NAME BEFORE MARRIAGE <u>Annie Cunningham</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Brooklyn, N.Y. SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brooklyn, N.Y. SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)	
(12) BIRTHPLACE <u>Brooklyn, N.Y. SC</u>		(18) BIRTHPLACE <u>Brooklyn, N.Y. SC</u>		
(13) OCCUPATION <u>Mail Operator</u>		(19) OCCUPATION <u>housewife</u>		
20 Number of children born to mother, including present birth <u>3</u>		(21) Number of children of the mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Oct 11 1923 (28) [Signature] 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.

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