

## (1) PLACE OF BIRTH

County of Sp. Hanters  
 Township of Reidville  
 or  
 Loc. 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

27992

Registration District No. 400.7 Registered No. 59  
 (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 Annie Mae Cunningham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 6, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom Cunningham

(9) PRESENT POSTOFFICE OF FATHER Switzer P.H. 1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE B.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Maie Rogers

(15) PRESENT POSTOFFICE OF MOTHER Switzer P.H. 1

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

(18) BIRTHPLACE B.C.

(19) OCCUPATION Housework

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

(23) (Signature) P.W. Wood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Reidville S.C.

Area name added from a supplemental report

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

(27) Filed Aug 31, 1922 (28) W. H. Johnson 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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