

WILSON OF COLUMBIA, COLUMBIA U. C.

(1) PLACE OF BIRTH County of <u>Lancaster co</u> Township of <u>Cedar Creek</u> 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 <div style="border: 2px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">35125</div>	
		Registration District No. <u>2802</u>		Registered No. <u>48</u> (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 <u>unnamed Cunningham</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>boy</u>		(4) Twin or Triplet To be answered only in event of Twin or Triplet		(5) Are Parents Married <u>yes</u>	
		(6) Number in order of birth		(7) DATE OF BIRTH <u>July 18 1922</u> (Month of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Will Cunningham</u>			(14) NAME BEFORE MARRIAGE <u>Mollie Tillman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>24-11</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24-11</u> (Years)		
(12) BIRTHPLACE <u>Lancaster co</u>			(18) BIRTHPLACE <u>Lancaster</u>		
(13) OCCUPATION <u>Farmwork</u>			(19) OCCUPATION <u>Farmwork</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma Walker</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Lancaster S. C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>22</u> Registrar			(27) Filed <u>Oct 10 1922</u> (28) Local Registrar <u>Jas. A. Cantham</u>		
*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.					