

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Ruth Cummings

File No.—For State Registrar Only

88697

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 6 1906

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Frank Cummings

(14) NAME BEFORE MARRIAGE

Nellie Robinson

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(10) COLOR OR RACE

Cae

(11) AGE AT LAST BIRTHDAY

28

(16) COLOR OR RACE

Cae

(17) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Woodma Loo Island

(18) BIRTHPLACE

Charleston

(13) OCCUPATION

Laborer

(19) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

63 P.M.

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

(Hour A. M. or P. M.)

(23) (Signature)

Alice J. Bryan

(24) State whether Physician or Midwife

Address of Physician or Midwife

Midwife #15 Short St.

Given name added from a supplemental report

191

(26) Witness

W. B. Brown, M.D.

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

(27) Filed

17/8/06

(28)

Local Registrar

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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