

(1) PLACE OF BIRTH

County of WilliamsTownship of Readeror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar only

43874

Registration District No. 7-13 Registered No. 7
(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 Anna Louise If child is not yet named, make supplemental report as directed3 SEX OR CHILD girl 4 Type or Triplet Single 5 Number in order of birth 1 6 Age 4 7 DATE OF BIRTH Sept 13 23
(Name of Month) (Day) (Year)
To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME Bernard Cunningham(9) PRESENT POSTOFFICE OF FATHER Kingburg SC(10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Kingburg SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Belair(15) PRESENT POSTOFFICE OF MOTHER Kingburg SC(16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Kingburg SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Kingburg SC on the date above stated. (Hour, A. M., or P. M.)(22) (Signature) Solara Beatrice midwife(23) State whether Physician or Midwife (24) Address of Physician or Midwife Kingburg

Given name added from a supplemental report

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

(26) Filed March 19 24 (27) M. B. Poston 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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