

Form No. 1

## (1) PLACE OF BIRTH

County of *Cornick*Township of *Ed. Geffield*

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4206*

File No.—For State Registrar Only

*435826*Registered No. *46*  
(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 *Lilly Ruth Cunningham* (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec. 23, 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Lanaray Cunningham*(9) PRESENT POSTOFFICE OF FATHER *Blum Branch*(10) COLOR OR RACE *col.*(11) AGE AT LAST BIRTHDAY *23*  
(Years)(12) BIRTHPLACE *Edgfield Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mariette Haskin*(15) PRESENT POSTOFFICE OF MOTHER *Blum Branch*(16) COLOR OR RACE *col.*(17) AGE AT LAST BIRTHDAY *22*  
(Years)(18) BIRTHPLACE *Edgfield Co.*(19) OCCUPATION *Housewife*(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 *Dora Alice* at *9:22* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Harriet Seigler*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Blum Branch*

Given name added from a supplemental report

(26) Witness *Eliza Haskin*

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

(27) Filed *Jan. 5, 23*(28) *D. J. Morgan* 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCGRAW HILL BOOK CO., COLUMBIA, S. C.