

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26279

Registration District No. 2207 Registered No. 45
(For use of Local Registrar)

(No. of Street) St. (Ward)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Thomas Brockman Cunningham

(3) BOY OR GIRL

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 22, 1922

MOTHER.

(8) FULL NAME

E. E. Cunningham

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C. Rt. 6

(10) COLOR

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Victoria Williams

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C. Rt. 6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House keeping

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 1:25 P.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

E. B. Hendrix

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. Greenville, S.C. Rt. 6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 8, 1922

(28) E. B. Hendrix

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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