

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

OR  
Inc. Town of .....OR  
City of Greenville

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72888

Registration District No. 22 A Registered No. 334

(For use of Local Registrar)

(2) Full Name of Child Eoline Sigler Cunningham { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 18 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Harry Cunningham(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Auderson S. C.(13) OCCUPATION architect(20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Eoline Sigler(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Spaulding S. C.

(19) OCCUPATION

(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 alive at 6:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 5 1916 (28) [Signature] 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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. McCaw, of Columbia.