

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 enter the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|--------------------------------|---------------------------------------|---|---|--|
| County of <u>Willoughby</u> | | STATE OF SOUTH CAROLINA | | 83894 | |
| Township of <u>Quincy</u> | | Bureau of Vital Statistics | | Registered No. <u>86</u> | |
| or | | State Board of Health | | (For use of Local Registrar) | |
| Inc. Town of | | Registration District No. <u>4311</u> | | Registered No. <u>86</u> | |
| or | | | | | |
| City of | | (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 <u>Isabella Cunningham</u> | | | | If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Oct. 13, 1916</u> | |
| To be answered only in event of Twins or Triplets | | | | (Name of Month) (Day) (Year) | |
| FATHER | | | MOTHER. | | |
| (8) FULL NAME <u>Harry Cunningham</u> | | | (14) NAME BEFORE MARRIAGE <u>Mary Rich</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Kingstree S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Kingstree</u> | | |
| (10) COLOR OR RACE <u>Neg.</u> | | | (16) COLOR OR RACE <u>Neg.</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | |
| (12) BIRTHPLACE <u>Willoughby</u> | | | (18) BIRTHPLACE <u>Willoughby</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>House wifr</u> | | |
| (20) Number of children born to mother, including present birth <u>One</u> | | | (21) Number of children of this mother now living, including present birth <u>One</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Tena Cunningham</u> | | | | | |
| (24) State whether Physician or Midwife | | | | | |
| (25) Address of Physician or Midwife | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
| | | | (27) Filed <u>Oct. 19, 1916</u> (28) <u>W. E. Suondra</u> Local Registrar. | | |
| 19 | | | | | |
| 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. | | | | | |

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.