

MARGIN RESERVED FOR BINDING.  
WHITE 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.  
McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of Johns Island  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**88841**

Registration District No. 905 Registered No. 122  
(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 Wm. Cunningham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 15-16</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				

**FATHER.**

(8) FULL NAME Henry Cunningham  
(9) PRESENT POSTOFFICE OF FATHER Johns Island  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36  
(Years)  
(12) BIRTHPLACE Johns Island  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Relia Cunningham  
(15) PRESENT POSTOFFICE OF MOTHER Johns Island  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21  
(Years)  
(18) BIRTHPLACE Wadmalaw  
(19) OCCUPATION Farm laborer  
(21) Number of children of this mother now living, 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 at 12 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Apr. 20, 1916 (28) W. C. Hills  
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.