

WRITE 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, THIS OTHER, No. 2, etc., in question 5.

County of Columbia.

(1) PLACE OF BIRTH
County of Lancaster
Township of Waterloo
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of 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

35288

(2) Full Name of Child

Mary Cunningham

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

(3) BOY OR GIRL

Girl

(4) Twin or triplet?

Yes

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 30

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Turner Cunningham

(14) NAME BEFORE MARRIAGE

Queen Turner

(9) PRESENT POSTOFFICE OF FATHER

Waterloo

(15) PRESENT POSTOFFICE OF MOTHER

Waterloo

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

24

(Years)

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

SC

(18) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

who was born at Waterloo (Born alive or stillborn)

at 6 P. (Hour A. M. or P. M.)

(23) (Signature)

Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Waterloo

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) File

W/1022

(28)

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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