

(1) PLACE OF BIRTH

County of CherokeeTownship of Unionor
Inc. Town of.....

City of.....

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

(2) Full Name of Child Murder LunsburyFile No.—For State Registrar Only
681Registration District No. 103 Registered No. 1
(For use of Local Registrar)(3) BOY OR GIRL Girl(4) Twin or Triplet? no
To be answered only in case of Twin or Triplet(5) Are Parents Married? yes(7) DATE OF BIRTH 1/8 1922
(Month) (Day) (Year)

FATHER

(6) FULL NAME Lunsbury(9) PRESENT POSTOFFICE OF FATHER Union, N.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Idaho(13) OCCUPATION working(20) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Etter Whittemburg(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Idaho(19) OCCUPATION working(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 Jan 8 at 10 P.M.
on the date above stated. (Place of birth) (Hour, M. or P.M.)(23) (Signature) Barclay Humphreys

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed by nurse)

(27) Filed Jan 15 1922 (28) H. P. Cartwright Local Registrar

When there was no attending physician or midwife, by 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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