

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State House of Health

Registration District No. 300

30985

Registered No. 101
 (For use of Local Registrar)

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

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

(3) SEX OF CHILD Male (4) Type or Figure Yes (5) Number in order of birth 1st (6) DATE OF BIRTH Oct 23, 1923
 To be reported only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Van Cunningham

(8) PRESENT RESIDENCE OF FATHER Belton

(9) COLOR Wal (10) AGE AT LAST BIRTHDAY 22
 (Year)

(11) BIRTHPLACE S. C.

(12) OCCUPATION Farming

(13) Number of children born to mother, including present one 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lutita Adker

(15) PRESENT RESIDENCE OF MOTHER Belton

(16) COLOR Wal (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present one 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Aline at 3 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Bernie L. Smith

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

Midwife Belton

Given name added from a supplemental report

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

(26) Date Oct 27, 1923 (27) Local Registrar

When this is an 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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REMARKS: This is a permanent record. In case of twins or triplets use a separate blank for each child, and mark the child's sex. No. 1. This form, No. 2, etc., is question 1.