

Form No. 1

(1) PLACE OF BIRTH

County of LancasterTownship of Boyeror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

18413

Registration District No. 17051 Registered No. 337
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Baby died before being named
If birth occurs in a hospital or other institution, give name of same instead of street and number. supplemental report as directed3 SEX Boy 4 Twin or Triplet? 1 5 Number in order of birth 2 6 Are Parents Married? no 7 DATE OF BIRTH June 2, 1922
To be answered only in event of Twins or Triplets

FATHER.

8 FULL NAME David Cunn9 PRESENT POSTOFFICE OF FATHER Reevesville S.C.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)12 OCCUPATION no.Farming13 Number of children born to mother including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Ott(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Helper on farm(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Anna Ott Address of Physician or Midwife(24) State whether Physician or Midwife Grand Mother of child Reevesville

Given name added from a supplemental report

(26) Witness E.C. Eberhart

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

(27) Filed June 4, 1922 (28) E.C. Eberhart 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.