

REGISTRATION, No. 7, THIS OFFICE, No. 2, etc. in question 8

(1) PLACE OF BIRTH

County of Anderson
Township of Cornwall
or
Inc. Town of

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

File No.—For State Registrar Only
17521

Registration District No. 304 Registered No. 61
(For use of Local Registrar)

(2) Full Name of Child James Cummings

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

3 BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17, 1922
To be answered only in event of Twins or Triplets

FATHER.
8 FULL NAME Ellis Cummings
9 PRESENT POSTOFFICE OF FATHER Ira
10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
12 BIRTHPLACE And Co
13 OCCUPATION Farming
20 Number of children born to mother, including present birth 2

MOTHER.
14 NAME BEFORE MARRIAGE Phrosie Dennis
15 PRESENT POSTOFFICE OF MOTHER Ira
16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
18 BIRTHPLACE And Co
19 OCCUPATION House wife
21 Number of children of this mother new living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Phrosie Redmon
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife And Co

Given name added from a supplemental report
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..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 24, 1922 (28) S. M. McAdam 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.