

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. B.—For State Registrar Only
35599

Registration District No. 37.05

Registered No. 138
(For use of Local Registrar)

(2) Full Name of Child Ornella Cunningham

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 16 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Bonnie Watson Cunningham

(14) NAME BEFORE MARRIAGE Myrtle Porter

(9) PRESENT POSTOFFICE OF FATHER Mullins S.C.

(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Year)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31
(Year)

(12) BIRTHPLACE Pickens County S.C.

(18) BIRTHPLACE Fairfield County Ga.

(13) OCCUPATION Farmer

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now 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 Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness when question 23 is signed)

(27) Filed Nov 10 1922

(28)

J. H. Smith 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.

Before the fifth month of pregnancy.