

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Lancaster  
 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**

SUPPLEMENTAL REPORT  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**58452**

(2) Full Name of Child, Lewis Cunningham

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

(a) SEX Male (b) Twin or Triplet? No (c) Number in order of birth 1st (d) DATE OF BIRTH 10 19 19  
 (Month) (Day) (Year)

FATHER  
 (a) FULL NAME Lewis Cunningham  
 (b) PRESENT POSTOFFICE OF FATHER Lancaster 30  
 (c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 30 (Years)  
 (e) BIRTHPLACE Lancaster Co.  
 (f) OCCUPATION Farming  
 (g) Number of children born to mother, including present birth

MOTHER  
 (a) NAME BEFORE MARRIAGE Fannie Cunningham  
 (b) PRESENT POSTOFFICE OF MOTHER Lancaster  
 (c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 29 (Years)  
 (e) BIRTHPLACE .....  
 (f) OCCUPATION .....  
 (g) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(1) 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.)

(2) (Signature) Lewis Cunningham  
 State whether Physician or Midwife and Address or Physical or Midwife

Given name added from a supplemental report

(3) (Signature of Witness necessary only when question 2 is signed by mother)  
Lewis Cunningham

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.