

THIS IS A PERMANENT RECORD. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
 County of Lancaster
 Township of
 or
 Inc. Town of Lancaster, Registration District No. 28th
 or
 City of (No. St.; Ward)
 (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

File No.—For State Registrar Only
35108

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Oct 16 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Willie Hudson
 (9) PRESENT POSTOFFICE OF FATHER Lancaster SC
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 46
 (12) BIRTHPLACE Lancaster SC
 OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Norah Cunningham
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster SC
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 46
 (18) BIRTHPLACE Lancaster SC
 (19) OCCUPATION House Keep
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary J. Cunningham
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by male)
 (27) Filed 11-1-22 (28) W. H. Hudson 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.