

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Allegheny hollowor
Inc. Town of

City of

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

Registration District No. 212Registered No. 105

(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 <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 8</u> 19 <u>16</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bryant Cummings(9) PRESENT POSTOFFICE OF FATHER Hawthorne S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Near Ellenton(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

MOTHER.

(15) NAME BEFORE MARRIAGE Roe Bird, Roberson(16) PRESENT POSTOFFICE OF MOTHER Hawthorne S.C.(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 34 (Years)(19) BIRTHPLACE State place(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 AM on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Midwife Jane Oakman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Hawthorne

Given name added from a supplemental report

191...

Registrar

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

(27) Filed 8/130 191... (28) W. E. Embury 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.

MARGIN RESERVED FOR BINDING. WRITE ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. NAME IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK NO. FIRST-BORN NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.