

Form No. 1

(1) PLACE OF BIRTH

County of ForbesTownship of Reams

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4371

Registration District No. 2606Registered No. 28
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Ruthelle 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 yes

(7) DATE OF BIRTH

Jan. 23, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Cunningham

(9) PRESENT POSTOFFICE OF FATHER

Heath Springs S. C. R.(10) COLOR OR RACE col

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Perth Amboy N. J.

(13) OCCUPATION

farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Adair M. E. Corder

(15) PRESENT POSTOFFICE OF MOTHER

Heath Springs S. C. R.(16) COLOR OR RACE col

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Forbes Co

(19) OCCUPATION

has no farm

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Forbes S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adelaine Rutledge

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Heath Springs S. C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed McK 23(28) E. F. ... 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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 4.

Bureau of Statistics, Columbia, S. C.