

PLACE OF BIRTH

County of Anderson
Township of Horepath
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

Trust

Registration District No. 307 Registered No. 5-3
(For use of Local Registrar)

City of (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 Eugene Hershing

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

3) BOY OR GIRL? BOY

4) Twin or Triplet? No

5) Number in order of birth 1

6) Are Parents Married? yes

7) DATE OF BIRTH May 28 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

(a) FULL NAME *Ernest Cunningham*

9) PRESENT POSTOFFICE OF FATHER *Belita*

(10) COLOR OR RACE *Sp 1* (11) AGE AT LAST BIRTHDAY *23*

(12) BIRTHPLACE *S. Alb*

(13) OCCUPATION *Fireman*

20. Number of children born to mother, including present birth 1 3

MOTHER

(14) NAME BEFORE MARRIAGE *Willie Clement*

(15) PRESENT POSTOFFICE OF BROTHER *B. L. S.*

(16) COLOR OR RACE *black* (17) AGE AT LAST BIRTHDAY *17*

(18) BIRTHPLACE *S. I. L.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother
over 18 yrs. including current child.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Male on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.) all 20 A.M.

(23) (Signature) Gemma L Sims

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Beltway 4500 N.W.*

Given name added from a supplement-
(a) report

(20) Witness
(Signature of Witness necessary only
when question 21 is signed by mark)

(57) Filed May 30 1972 (28) Jennie Orellia

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.

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