

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of *Spartanburg*

(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

No. 10.—For State Registrar Only

37548

Registration District No. *40-a* Registered No. *548*

(For use of Local Registrar)

(No. *Spartanburg Gen Hospital*) (Ward)(2) Full Name of Child *Baby Cunningham*

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>Oct 20 1923</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *J. A. Cunningham*(9) PRESENT POST OFFICE OF FATHER *Spartanburg*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *36* (Year)(12) BIRTHPLACE *Ill.*(13) OCCUPATION *Salesman*(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lordia Hill*(15) PRESENT POST OFFICE OF MOTHER *Spartanburg*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32* (Year)(18) BIRTHPLACE *N.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:45 P.M.* on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) *Paul R. Rhy*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *15 Main St*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Date *12-19-23* (28) *Gas O'Pee* 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.

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