

(1) PLACE OF BIRTH

County of *Yamouille*Township of *Yamouille*OF
Inc. Town ofOF
(City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4081

Registration District No. *220 P.B.* Registered No. *61*

(For use of Local Registrar)

(No. *138 Ridge* St. *North Hill* Ward)

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

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

| | | | | |
|-----------------------------|--|------------------------------|------------------------------------|--|
| (3) BOY OR GIRL <i>Girl</i> | (4) Twin or Triplet To be answered 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>Feb. 16, 1923</i> (Name of Month) (Day) (Year) |
|-----------------------------|--|------------------------------|------------------------------------|--|

FATHER.

(8) FULL NAME *for B. Cunningham*(9) PRESENT POSTOFFICE OF FATHER *Yamouille S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Cotton mill Oper.*(14) Number of children born to mother, including present birth *6*

MOTHER.

(15) NAME BEFORE MARRIAGE *Louise Holbert*(16) PRESENT POSTOFFICE OF MOTHER *Yamouille, S.C.*(17) COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *28* (Years)(19) BIRTHPLACE *Texas*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 P.* M., on the date above stated. (Day of birth or stillborn (Hour, N. or P. M.))(23) (Signature) *J. B. Jones, M.D.*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Yamouille, S.C.*

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 22 is signed "Mark"

(27) File

Feb. 16, 1923

(Local Registrar)

When there was no attending physician or midwife, then the father, householder, or other person should make this report. 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.

Filed *9-15-30* 19

Registrar.

Registrar.