

(1) PLACE OF BIRTH

County of AdamsTownship of Shawor
Inc. Town of.....or
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 Lila Lee Cuthridge

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

3) BOY OR GIRL Girl4) Twin or Triplet? No5) Number in order of birth 16) Are Parents Married? Yes7) DATE OF BIRTH May 19, 1922

Name of Month (Day) (Year)

FATHER.

8) FULL NAME Isaac Irving Cuthridge9) PRESENT POSTOFFICE OF FATHER Clinton S.C.10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 2212) BIRTHPLACE Clinton S.C.13) OCCUPATION Farmer14) NAME BEFORE MARRIAGE Francis Elizabeth Knight15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 1818) BIRTHPLACE Barberry County19) OCCUPATION Servant20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M.,

on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.)

(23) (Signature) I. J. Hunter(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) D. H. Sherry 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18444

Registration District No.....

Registered No. 13

(For use of Local Registrar)

(No. St.; Ward)

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WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

MISSISSIPPI, COLUMBIA, S. C.

N. B.—In case of TWIN OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.