

(1) PLACE OF BIRTH

County of Greenville
 Township of
 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

18740

Registration District No. 12ARegistered No. 305
(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 Frank Cunningham

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

3) BOY OR
GIRL4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

5) Number in
order of birth1st6) Are
Parents
Married?yes

7) DATE OF

BIRTH June 2, 1872
(Month) (Day) (Year)

FATHER.

8) FULL NAME Frank Cunningham9) PRESENT POSTOFFICE OF FATHER Austin, SC.10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 yrs (Years)12) BIRTHPLACE McConner, SC.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1st

MOTHER.

14) NAME BEFORE MARRIAGE Lucinda Campbell15) PRESENT POSTOFFICE OF MOTHER Austin, SC.16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)18) BIRTHPLACE Austin19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Angeline Brunson(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Angeline Brunson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1872 (28) C. Smith 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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