

Form No. 1

(1) PLACE OF BIRTH

County of Union  
Township of Cretzberg  
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

22811

Registration District No. 11.2.64 Registered No. 24  
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet  
(5) Number in order of birth  
To be answered only in event of Twin or Triplet

FATHER.

(6) FULL NAME James Cunningham

(7) PRESENT POSTOFFICE OF FATHER Seaboard

(8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 27  
(Year)

(10) BIRTHPLACE Union County

(11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth 3

(13) Are Parents Married? Yes (14) DATE OF BIRTH July 23, 1923  
(Name of Month) (Day) (Year)

MOTHER.

(15) NAME BEFORE MARRIAGE Hattie W. Smith

(16) PRESENT POSTOFFICE OF MOTHER Seaboard

(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 27  
(Year)

(19) BIRTHPLACE Union County

(20) OCCUPATION Field hand

(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 or stillborn at 6 M., on the date above stated. (Hour, M. or P. M.)

(23) (Signature) H. H. H. H. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Seaboard

Given name added from a supplemental report

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

(27) Filed (28) 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.