

(1) PLACE OF BIRTH

County of YorkTownship of Brooklyn

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

71241

Registration District No. 301 Registered No. 67

(For use of Local Registrar)

City of James Franklin St.; Ward(2) Full Name of Child Harold Cunningham If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 4 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Harold Cunningham (14) NAME BEFORE MARRIAGE Prince(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. (15) PRESENT POSTOFFICE OF MOTHER Anderson(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21(12) BIRTHPLACE Anderson Co. S.C. (18) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (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 at 5 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Michael S. Salinas(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Winston S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Sep 10 1916 (28) W. C. Campbell 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.

fifth month of pregnancy

MARGIN RESERVED FOR BINDING. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.