

(1) PLACE OF BIRTH.

County of Oconee
 Township of Keowee
 or
 Inc. Town of

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

File No.—For State Registrar Only
35803

Registration District No. 3562 Registered No. 86
 (For use of Local Registrar)

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 Bernie McKimney Cunningham
 (If child is not named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 25 22
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Dave McKimney
 (9) PRESENT POSTOFFICE OF FATHER Walhalla SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20
 (Year) (12) BIRTHPLACE Oconee Co SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Cunningham
 (15) PRESENT POSTOFFICE OF MOTHER West Union SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 14
 (Year) (18) BIRTHPLACE Anderson Co SC
 (19) OCCUPATION House work
 (21) 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 M.,
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mary C. Hove
 (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife West Union SC

Given name added from a supplement-
 tal report

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

(27) Filed Nov 10 1922 (28) Lewis W. 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.