

(1) PLACE OF BIRTH

County of GreenvilleTownship of Bates

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

90036

Registration District No. 2201Registered No. 85-

(For use of Local Registrar)

(2) Full Name of Child J. L. Cunningham

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 21, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. Lee Cunningham(9) PRESENT POSTOFFICE OF FATHER Travellers Rest R. 1(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Lumberman(20) Number of children born to mother, including present birth 5-

MOTHER.

(14) NAME BEFORE MARRIAGE Vannie Pauline Smith(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest R. 1(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 35-
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Horse keeper(21) Number of children of this mother now living, including present birth 5-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:35 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Gooden M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Travellers Rest R. 1

Given name added from a supplemental report

1911

Registrar

(26) Witness

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

(27) Filed Dec. 1911

(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.

Before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COMMISSIONER