

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Laurens

Township of Laurens

or Inc. Town of

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

15633

Registration District No. 2904

Registered No. 67

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Grace D. Cleveland

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Cleveland

(9) PRESENT POSTOFFICE OF FATHER Asheville, N. C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Laurens

(13) OCCUPATION Public works

(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Lurinda Cunningham

(15) PRESENT POSTOFFICE OF MOTHER Laurens

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Cross Hill, S. C.

(19) OCCUPATION Public Works

(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 6 o'clock on the date above stated.

(23) (Signature) Phobert Cunningham

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens

with wife

Given name added from a supplemental report.

(26) Witness Charity (Signature of Witness when question 25 is signed by mark)

(27) Filed May 20 1922 (28) E. B. Bishop 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.

For Registrar Only

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Ward)

named, make

rt as directed

0 25

Day) (Year)

Dilbid

C. R. H.

28

(Year)

130

M. or P. M.)

or Midwife

ES

CO

Registrar

return