

(1) PLACE OF BIRTH

County of RutherfordTownship ofInc. 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

Registration District No. 712Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

Bessie Cunningham

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplets To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9-24-73</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Joseph Cunningham</u>			(14) NAME BEFORE MARRIAGE <u>See Enbark</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ham Thence</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ham Thence</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Aiken County</u>			(18) BIRTHPLACE <u>Aiken County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 9/24 at 11 P.M. on the date above stated.(23) (Signature) William J. Anderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ham Thence

Given name added from a supplemental report

(26) Witness J. L. Enbark
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sp. 25-1073 (28) J. L. Enbark 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.

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