

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN B—2a use of TUBES OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Conasauga
 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
 Registration District No. 109 Registered No. 10
 (For use of Local Registrar)
 (No. St. Ward)
(2) Full Name of Child Lela Rose Cunningham
 (If child is not yet named, make appropriate report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>In utero</u> Is in accordance with type of birth	(5) Number in order of birth <u>1st</u>	(6) DATE OF BIRTH <u>Feb. 12, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME		(10) NAME BEFORE MARRIAGE	<u>Lela Rose Cunningham</u>
(9) PRESENT OCCUPATION OF FATHER		(11) PRESENT OCCUPATION OF MOTHER	<u>Teacher S. C.</u>
(12) COLOR OF FATHER	(13) AGE AT LAST BIRTHDAY (Years)	(14) COLOR OF MOTHER	(15) AGE AT LAST BIRTHDAY (Years)
(16) BIRTHPLACE		(16) BIRTHPLACE	<u>Abbeville Co</u>
(17) OCCUPATION		(17) OCCUPATION	<u>Domestic</u>
(18) Number of children born to mother, including present birth	<u>1</u>	(19) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, who was Abbie at 4 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (21) (Signature) Lela Cunningham
 (22) Name, residence, and position of Physician or Midwife
Hester S. C.

OTHER NAMES:
 (23) (Signature) Lela Cunningham
 (24) (Signature) Hester S. C.
 (25) (Signature) Lela Cunningham
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