

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston, S.C.

(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 HealthNo. 3216Registration District No. 9 A Registered No. 303  
(For use of Local Registrar)(2) Full Name of Child Francis Cunningham (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL B 4) Twin or Triplet X 5) Number in order of birth X 6) Age of child at birth yes 7) DATE OF BIRTH Feb 15 - 23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Francis Cunningham(9) PRESENT RESIDENCE OF FATHER 287 E - Bay(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE I.C.(13) OCCUPATION Lawyer(14) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Arthurine Hays(15) PRESENT RESIDENCE OF MOTHER 287 E - Bay(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE I.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at S.R. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Julia C. Thomas(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 25 Calhoun

Given name added from a supplemental report

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

(26) Filed 2 (27) Local Registrar J. M. Lewis

\*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.

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