

(1) PLACE OF BIRTH

County of Durham
 Township of Durham
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

11643

Registration District No. 2602Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child

(3) Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)
Mar 25 1922

FATHER		MOTHER	
(8) FULL NAME	<u>Richard Cunningham</u>	(14) NAME BEFORE MARRIAGE	<u>Victoria Scott</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Durham S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Durham S.C.</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY	<u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>30</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farm work</u>	(19) OCCUPATION	<u>Farm help</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>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis M. Myself
 (24) State whether Physician or Midwife or Address of Physician or Midwife
Midwife Scotia S.C. 301

Given name added from a supplemental report

(25) Witness Geo. C. Richardson
 (Signature of Witness necessary only when question 23 is signed by mark)
Mar 27 1922 (26) Geo. C. Richardson
 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.