

(1) PLACE OF BIRTH

County of Anderson

Township of Belton

or
Inc. Town of

City of Belton

(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. 300

File No.—For State Registrar Only

13777

Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child James Delbert Cumming

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

(3) SEX OR Boy (4) Twin — or Triplet — (5) Number in 2nd order of birth (6) Are yes Parents Married (7) DATE OF BIRTH May 16 1923
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Durey Cumming

(9) PRESENT POSTOFFICE OF FATHER Belton, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE Belton, S.C.

(13) OCCUPATION Cotton Mill

(14) Number of children born to mother, including present birth 1 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Bell M. Cuy

(15) PRESENT POSTOFFICE OF MOTHER Belton P.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE Belton, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 10:09 A.M.

(23) (Signature) C. J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton, S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by Mark)

(27) Filed May 23 1923 (28) 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.

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