

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41608

County of WesterTownship of Rockville, N.C.

Inc. Town of

City of

Registration District No. 33... Registered No. 110466
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child J. C. Cunningham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>James Cunningham</u>	(14) NAME BEFORE MARRIAGE <u>Bertha Strand</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Richburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richburg S.C.</u>
(10) COLOR OR RACE <u>black</u>	(16) COLOR OR RACE <u>colored</u>
(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(12) BIRTHPLACE <u>Flora S.C.</u>	(18) BIRTHPLACE <u>Roseville Chester</u>
(13) OCCUPATION <u>ing</u>	(19) OCCUPATION <u>housekeeping</u>
(20) Number of children born to mother, including present birth <u>7</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.... alive.... at 5:50 P.M. 8
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Caldwell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/22 19 22 (28) H. Varnadore
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.