

## (1) PLACE OF BIRTH

County of HoweTownship of Cairoor  
Inc. Town of Cumor  
City of Cum

(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

File No.—For State Registrar Only

25952

Registration District No. 2601Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child. Johnnie Pelling 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> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>4 1 22</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME OF FATHER Mr. Henry C. Cress(9) PRESENT POSTOFFICE OF FATHER Cum S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE Cum S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE OF MOTHER Anna Brooks(15) PRESENT POSTOFFICE OF MOTHER Cum S.C.(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Cum S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 2 on the date above stated.(23) (Signature) Julia A. Fymer midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cum S.C.

Given name added from a supplemental report

(26) Witness A. L. Cox  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 11/22 (28) W. J. Nelson 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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