

## (1) PLACE OF BIRTH

County of Union

Township of .....

or  
City of Union

(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

37867

Registration District No. 42-ARegistered No. 169

(For use of Local Registrar)

(No. W Union S.C. St. Ward)

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

## (2) Full Name of Child

(3) SEX OF CHILD

Boy

(4) Twin or triplet

No

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

May51923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert C. Cudd

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Union S.C.

(13) OCCUPATION

Express Agent

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

One

## MOTHER.

(15) NAME BEFORE MARRIAGE

Robert C. Cudd

(16) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

22

(Years)

(19) BIRTHPLACE

Brownsville Co S.C.

(20) OCCUPATION

Housewife

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianUnion 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 12-10-1923

(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 month of pregnancy.