

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

No. for this Register only

35352

Registration District No. 205 Registered No. 80

(For use of Local Registrar)

## (2) Full Name of Child

Murreal Huntley

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

(3) SEX OF CHILD Girl (4) Type of Twins (5) Number in order of birth (6) Are twins monozygotic? yes (7) DATE OF BIRTH Sept 9, 1922

## FATHER

(8) FULL NAME W. J. Huntley (9) PRESENT POSTOFFICE OF FATHER Mt. Croghan S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (12) BIRTHPLACE S.C. (13) OCCUPATION Post master (14) NAME BEFORE MARRIAGE W. J. Huntley (15) PRESENT POSTOFFICE OF MOTHER Mt. Croghan S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (18) BIRTHPLACE S.C. (19) OCCUPATION House wife (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Specify or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

(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 (28) Legal 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.