

1. PLACE OF BIRTH

County of Charleston

Township of _____

Inc. Town of _____

City of Charleston, S. C. (No. 34 Chalmers St.; _____ Ward)

(If birth occurs in a hospital or other institution, give name of same in _____ of street and number)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of HealthRegistration District No. 9-A Registered No. 192
(For use of Local Registrar)2. FULL NAME OF CHILD Beryl Janice Hunt

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

1. SEX <u>Girl</u>	4. Twin or Triplet <u>None</u>	5. Number in order of birth <u>1</u>	6. Are you married? <u>Yes</u>	7. DATE OF BIRTH <u>January 29, 1923</u> (Name of Month) (Day) (Year)
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FATHER

8. FULL NAME Martin Van Buren Hunt9. PRESENT POSTOFFICE OF FATHER 34 Chalmers Street10. COLOR OR RACE W. 11. AGE AT LAST BIRTHDAY 32 (Years)12. BIRTHPLACE S. C.13. OCCUPATION Cancer Standard Oil Co.14. Number of children born to mother, including present birth 2

MOTHER

15. NAME BEFORE MARRIAGE Octavie Soubeyroux16. PRESENT POSTOFFICE OF MOTHER 34 Chalmers Street17. COLOR OR RACE W. 18. AGE AT LAST BIRTHDAY 32 (Years)19. BIRTHPLACE S. C.20. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 12:40 M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature <u>Lester A. Wilson</u>	24. Address of Physician or Midwife <u>phys.</u>	25. Address of Physician or Midwife <u>City.</u>
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Have name added from a supplemental report

192

Registrar

26.

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

2-17-23.

27. Filed Corrected28. Carroll P. Small
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

192

Registrar

.... Ward
(If.)mod. make
is directed23
(Year)

My name

22
(Year)2404
M. or P.M.)

1923

2.2