

(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. 44.—For State Registrar Only

471

Registration District No. 9 A Registered No. 90

(For use of Local Registrar)

(2) Full Name of Child. John H. Hunsley If child is not yet named, make

(1) SEX OF CHILD <u>Male</u>	(2) TYPE OF BIRTH <u>Normal</u>	(3) NUMBER IN ORDER OF BIRTH <u>1</u>	(4) DATE OF BIRTH <u>Jan 23 1923</u>
(5) NAME OF FATHER <u>John H. Hunsley</u>		(6) NAME OF MOTHER <u>Jessie Childers</u>	
(7) PRESENT ADDRESS OF FATHER <u>Charleston</u>		(8) PRESENT ADDRESS OF MOTHER <u>Charleston</u>	
(9) COLOR OF CHILD <u>C</u>	(10) AGE AT LAST BIRTHDAY <u>3</u>	(11) COLOR OF MOTHER <u>C</u>	(12) AGE AT LAST BIRTHDAY <u>19</u>
(13) BIRTHPLACE <u>I.C.</u>		(14) BIRTHPLACE <u>S.C.</u>	
(15) OCCUPATION <u>Teacher</u>		(16) OCCUPATION <u>Dom.</u>	
(17) Number of children born to mother, including present birth <u>2</u>		(18) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Specify as stillborn) (Hour A. M. or P. M.)

(20) (Signature) Gordon H. Richardson
(21) State whether Physician or Midwife (22) Address of Physician or Midwife

Given name added from a supplemental report <u>John H. Hunsley</u>	(23) Witness (Signature of Witness necessary only when question 19 is signed by mark) <u>W. W. Hunsley</u>
(24) Filed <u>1/24/23</u>	(25) <u>1923</u>

When there was no attending physician or midwife, then the father, household head, or mother 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.