

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campobello

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30170

Registration District No. 4001-A Registered No. 99  
(For use of Local Registrar)  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.

2 Full Name of Child Arthur L. Hunt If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 2, 1923  
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Willie Hunt  
PRESENT POSTOFFICE OF FATHER Campobello S.C.  
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE S.C.  
OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Campbell  
(15) PRESENT POSTOFFICE OF MOTHER Campobello S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) \_\_\_\_\_ (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Campobello S.C.

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) \_\_\_\_\_  
(27) Filed 9/28/23 (28) C. S. May Jr. 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.