

THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

**(1) PLACE OF BIRTH**  
 County of Cherokee  
 Township of Swain  
 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

Registration District No. 200 Registered No. 8  
 (For use of Local Registrar)

No. .... St. .... Ward)

**(2) Full Name of Child** Ruby Elizabeth Hunter If child is not yet named, make supplemental report as directed

No. 65  
 No. 65

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Elliot H B Hunter Jr</u>			(10) NAME BEFORE MARRIAGE <u>Conella Kennedy</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Cherokee</u>			(11) PRESENT POST OFFICE OF MOTHER <u>Cherokee</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>53</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(16) BIRTHPLACE <u>Union Co S.C.</u>			(17) BIRTHPLACE <u>Union Co S.C.</u>	
(18) OCCUPATION <u>None</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was ..... at ..... A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Handwritten Signature  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed, or mark)  
 (27) Filed 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 fifth month of pregnancy.

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