

## (1) PLACE OF BIRTH

County of NewberryTownship of 9or  
Inc. Town of .....or  
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

File No.—For State Registrar Only

39514

Registration District No. 3412 Registered No. 116  
(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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 9 1922  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Joseph Raymond Hunter (9) NAME BEFORE MARRIAGE Sue Elizabeth Lester(10) PRESENT POSTOFFICE OF FATHER Newberry, S.C. R.F.D. (11) PRESENT POSTOFFICE OF MOTHER Newberry, S.C. R.F.D.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 27  
(Years) (Years)(16) BIRTHPLACE Newberry Co. S.C. (17) BIRTHPLACE Newberry Co., S.C.(18) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth { 3 (21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour) (M.) (A.M.)(23) (Signature) A. B. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Properly S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed S.C. 9.1922 (28) A. W. T. Gilson  
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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