

## (1) PLACE OF BIRTH

County of CherokeeTownship of Red Oak

or

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

48619

Registration District No. 17.1.2 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Thomas Green Hunt { If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL? <u>Boy</u>	(c) Twin or Triplet? <u>No</u>	(e) Number in order of birth <u>1</u>	(g) Are Parents Married? <u>Yes</u>	(f) DATE OF BIRTH <u>Feb. 28</u>
(b) FATHER			(h) MOTHER	

(b) FULL NAME <u>George H. Hunt</u>	(h) NAME BEFORE MARRIAGE <u>Julia Elbert</u>
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(g) PRESENT POSTOFFICE OF FATHER <u>Cash</u>	(i) PRESENT POSTOFFICE OF MOTHER <u>Cash</u>
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(j) COLOR OR RACE <u>Negro</u>	(l) AGE AT LAST BIRTHDAY <u>about 48</u> (Years)	(k) COLOR OR RACE <u>Neg.</u>	(m) AGE AT LAST BIRTHDAY <u>about 33</u> (Years)
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(n) BIRTHPLACE <u>Virginia</u>	(o) BIRTHPLACE <u>Cash</u>
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(p) OCCUPATION <u>Saw Mill</u>	(q) OCCUPATION <u>House work</u>
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(r) Number of children born to mother, including present birth <u>5</u>	(s) Number of children of this mother now living, including present birth <u>4</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 2:30 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Chas. Sanders

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Midwife Cash

Give name and rank of a gentleman-ly person

(27) Witness (Signature of Witness necessary only when question 26 is signed by mark)

(28) Filed (29) 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.

MAINTAIN SEPARATE RECORD FOR BIRTHING.  
 WITH CERTAINING INFO—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 2.  
 COUNTY OF COLUMBIA