

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

RECEIVED OF COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of institution, street and number.)

## (2) Full Name of Child

Wanda Ardella Hunter

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 13 1932

(8) Registered No. .... 80

(For use of Local Registrar)

(Name of Month) (Day) (Year)

(9) FULL NAME OF FATHER John William Hunter

(10) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(11) COLOR OR RACE White

(12) BIRTHPLACE Germany

(13) OCCUPATION Ship Carpenter

(14) Number of children born to mother, including present birth Two (2)

(15) NAME BEFORE MARRIAGE Bertie Douglas

(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(17) COLOR OR RACE White

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Home duties

(20) Number of children of this mother now living, including present birth One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:45 P.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Physician

(23) Whether Physician or Midwife

(24) Address of Physician or Midwife

46 King St.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 1/17 19 32

W. M. Mendenhall, M.D. Local Registrar

19 32 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.

Registrar

Registrar

Corrected: 5/14/40

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

502

Registration District No. 9 A

Registered No. .... 80

(For use of Local Registrar)

(No. 13 Highway St. St.)

(Name of Month) (Day) (Year)

(If child is not yet named, make supplemental report as directed)