

(1) PLACE OF BIRTH

County of Richland Co

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31896

Township of

Inc. ^{or} Town ofRegistration District No. 38thRegistered No. 1683

(For use of Local Registrar)

City of Columbia SC(No. St.; Five Ward)

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

(2) Full Name of Child Rich. May Gunter

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 5 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Gunter(9) PRESENT POSTOFFICE OF FATHER 328 Pickens St(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Hartsville SC(13) OCCUPATION head(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Sul Boice(15) PRESENT POSTOFFICE OF MOTHER 328 Pickens St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Child SC(19) OCCUPATION Cook(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1417 Whaley St on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife 1417 Whaley St

Given name added from a supplemental report

Scott G. Gunter 191... Registrar

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

(27) Filed 9/26 191... (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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FORM NO. 2. MAINTAIN HANDWRITTEN FOR HANDING.

WHEN FATHER'S NAME IS A FOREIGN NAME, WRITE IT IN FULL IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia

Only

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M. (D.)

McCaw