

## (1) PLACE OF BIRTH

County of

Township of

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

Registration District No.

File No.—For State Registrar Only

43192

Registered No.

(For use of Local Registrar)

## (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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov. 29, 1924  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Thomas Hunter

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Lancaster Co S.C.

(13) OCCUPATION

Mill operator

(20) Number of children born to mother, including present birth

Eleven (11)

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Aldrich

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37  
(Years)

(18) BIRTHPLACE

Lancaster S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Four (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

born alive at 11:30 A.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)

on the date above stated.

(23) (Signature)

Hester J. Strickland

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lancaster 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

12-12-24

(28)

L. H. Thompson

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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