

NOTE.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Wilkes  
Township of Wilkes  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

30862

Registration District No. 2701 Registered No. 201  
(For use of Local Registrar)

(2) Full Name of Child

Lucile Hunter (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 19 19 22  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Edmond Hunter

(9) PRESENT POSTOFFICE OF FATHER R. 4. Cause

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Sip

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER  
(14) NAME BEFORE MARRIAGE Mona Davis

(15) PRESENT POSTOFFICE OF MOTHER Cause

(16) COLOR OR RACE Wagn. (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE ON Mr. H. L. Carson place

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hester Wilson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 2, 1922 (28) H. H. Nelson 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.