

(1) PLACE OF BIRTH

County of Anderson
 Township of Long
 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.)
 (No. St. Ward)

(2) Full Name of Child Paul Hunt

File No. — For State Registrar Only
31825

Registration District No. 2702 Registered No. 57
 (For use of Local Registrar)

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

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

FATHER
 (8) FULL NAME Will Hunt
 (9) PRESENT POSTOFFICE OF FATHER Long N #2
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Viola Garrison
 (15) PRESENT POSTOFFICE OF MOTHER Long N #2
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 16
 (18) BIRTHPLACE Anderson S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Leah W. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eastly, S.C.

Given name added from a supplemental report

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 25 is signed for birth)
 (27) Filed Oct 3 1922 (28) W. H. Wyatt
 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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