

## (1) PLACE OF BIRTH

County of LoganTownship of Blake

Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 3519 For State Registrar OnlyRegistration District No. 1482Registered No. ....  
(For use of Local Registrar)(City of ..... (No. .... St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)2. Full Name of Child David Hunter

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

3. Sex

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 27 1923

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Hunter(15) PRESENT POSTOFFICE OF MOTHER Greenwood 26(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37(18) BIRTHPLACE Missouri(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born at .....  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Hunter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood 26

(26) Witness

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

(27) Filed March 1, 1923(28) Local Registrar

If the physician or midwife, then the father, householder, etc., should make this return. If the child must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.