

(1) PLACE OF BIRTH

County of Fairfield

Township of

or
Inc. Town ofor
City of Wilmington

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

Registration District No. 1911Registered No. 7
(For use of Local Registrar)(2) Full Name of Child Minnie

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14, 1923</u> (Name of Month) (Day) (Year)
--------------------------------	----------------------------------	--	--	--

FATHER.

(8) FULL NAME Mansie Hunter(9) PRESENT POSTOFFICE OF FATHER Wilmington, S.C.(10) COLOR OR RACE Neg. (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE in Fairfield county(13) OCCUPATION in home(14) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Marnie Brice(15) PRESENT POSTOFFICE OF MOTHER Wilmington S.C.(16) COLOR OR RACE Neg. (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE Fairfield county(19) OCCUPATION in home(20) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) [Signature]
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Wilmington, S.C.

(Given name added from a supplemental report)

(25) Witness [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 19 (27) Local Registrar [Signature]

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.