

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 3.

(1) PLACE OF BIRTH
 County of Clarendon
 Township of Wilmington
 or
 Inc. Town of Fountain H.
 or
 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 Verna Troy (Hunter) (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 9 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>More Hunter</u>	(14) NAME BEFORE MARRIAGE <u>May Bell Troy</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fountain H.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain H.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>H.C.</u>	(18) BIRTHPLACE <u>H.C.</u>	(19) OCCUPATION <u>Farm Labour</u>	(20) OCCUPATION <u>Farm Labour</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) C. J. Hunter
 (25) State, whether Physician or Midwife Physician (26) Address of Physician or Midwife Fountain H.

Given name added from a supplemental report _____

(27) Witness W. P. Hunt
 (Signature of Witness necessary only when question 23 is signed by mark)
 (28) Filed Jan 10 22 (29) W. P. Hunt 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.

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

File No.—For State Registrar Only
829

Registration District No. 1900 Registered No. 1
 (For use of Local Registrar)

RECAL OF COLUMBIA, COLUMBIA, S. C.