

MARCHES RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 6.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 County of Cherokee Co.
 Township of Dudman Hill
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registered No. 5-3-
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child

(1) SEX OF CHILD <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Age of Child <u>1</u> Year	(5) DATE OF BIRTH <u>Nov 12 1923</u> (Month) (Day) (Year)
(6) FATHER (a) FULL NAME <u>Ray Hunter</u> (b) PRESENT OCCUPATION OF FATHER <u>Carpenter J.C.</u> (c) COLOR <u>Colored</u> (d) BIRTHPLACE <u>Cherokee Co.</u> (e) OCCUPATION <u>Farming</u>			(7) DATE OF BIRTH OF MOTHER (8) NAME OF MOTHER <u>Lavinia Hunter</u> (9) PRESENT OCCUPATION OF MOTHER <u>Domestic S.C.</u> (10) COLOR <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (12) BIRTHPLACE <u>Cherokee Co.</u> (13) OCCUPATION <u>Farm</u> (14) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) 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.)

(21) (Signature) Lillie Hunter
 (22) State whether Physician or Midwife Midwife

(Given name added from a supplemental report)

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

(24) Filed Nov 17 1923 (25) J. M. Hunter Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.