

(1) PLACE OF BIRTH

County of York
 Township of Port Mill
 or Inc. Town of
 or City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9539

Registration District No. 4406Registered No. 19
(For use of Local Registrar)

(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 Lewis Erwin Hunter

(3) BOY or GIRL ✓ (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH 3/16/22
 To be answered only in event of Twin or Triplet (Name of Month (Day) (Year))

FATHER
 (8) FULL NAME Lewis Erwin Hunter
 (9) PRESENT POSTOFFICE OF FATHER Port Mill SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Ind / Hand Mill
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Wm Costner
 (15) PRESENT POSTOFFICE OF MOTHER Port Mill SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29
 (Year)
 (18) BIRTHPLACE Port Mill
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S

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

(23) (Signature) Joseph Desobry MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(19) Registrar

(27) Filed 4-19-22(28) Local Registrar A. L. Parker

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.