

(1) PLACE OF BIRTH

County of DurhamTownship of Hartsvilleor Inc. Town of Hartsvilleor City of Hartsville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1573

File No. — For State Registrar Only

41940Registered No. 138
(For use of Local Registrar)(2) Full Name of Child Arthur J. Hunter

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of Birth <u>1st</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 31, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jack Hunter

(9) PRESENT POSTOFFICE OF FATHER Hartsville

(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Hartsville

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Cynthia Philips

(15) PRESENT POSTOFFICE OF MOTHER Hartsville

(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Dukeston

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Eight

(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur J. Hunter(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hartsville

Given name added from a supplemental report

(26) Witness Jan 2 23
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 2 23 (28) M. J. Kagan
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.

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