

(1) PLACE OF BIRTH

County of RichTownship of 1or
Inc. Town ofor
City of

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

(2) Full Name of Child Louise Hunter

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16402

Registration District No. 3704Registered No. 59

(For use of Local Registrar)

(3) BOY OR GIRL? G(4) Twin or Triplet?
To be answered only in event of Twins or Triplets(5) Number in order of birth(6) Are Parents Married? Y(7) DATE OF BIRTH Nov 10 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 0
(Years)(12) BIRTHPLACE Unknown(13) OCCUPATION Unknown(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Hunter(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at S. H. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bele Ferguson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 19(28)

(29) 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.

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. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.