

(1) PLACE OF BIRTH

County of Charleston....
 Township of
 Inc. Town of
 City or Charleston.....
 (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

No. - For State Register Only
3114

142Registered No.
(For use of Local Registrar)

Registration District No.

9 A

Street Ward)

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

(2) Full Name of Child Mary Virginia Hunt

(a) Male (b) Female (c) Unknown
 To be answered only in case of stillbirth or death.

(d) Alive (e) Stillborn (f) Unknown
 BIRTH DATE May 29, 1942
 BIRTH PLACE Charleston, S.C.

FATHER

(a) NAME Carl Martin Voughn Hunt
 (b) ADDRESS 3rd Charles St
 (c) Color White (d) AGE AT BIRTH 25
 (e) Religion Methodist (f) EDUCATION 12

MOTHER

(a) NAME Alice Ruth Soheyman
 (b) ADDRESS 3rd Charles St
 (c) Color White (d) AGE AT BIRTH 22
 (e) Religion Methodist (f) EDUCATION 12

(3) OCCUPATION

Spencer Standard Oil Co

(3) OCCUPATION

Housewife

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

(3) Number of children of the mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(33) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(33) (Signature)

(34) State, County, Physician or Midwife

(35) Address of physician or midwife
Dr. J. M. Jackson
Charleston, S.C.

(Given name added from a supplemental report)

(36) Witness

(Signature of witness necessary only when question 33 is signed by mark)

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Registrar(37) Filed 2/1/1942 (38) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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.