

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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 3.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richland Co.  
Township of Chapin Hill  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1-4 Registered No. 29  
(For use of Local Registrar)

File No. For State Registrar Only  
**19593**

(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

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 18 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Buch Hunter</u>			14) NAME BEFORE MARRIAGE <u>Ella Lee Hinton</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Chapin Hill, S. C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Chapin Hill, S. C.</u>	
10) COLOR OR RACE <u>Caucasian</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	16) COLOR OR RACE <u>Caucasian</u>		
12) BIRTHPLACE <u>Chapin Hill, S. C.</u>		17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	18) BIRTHPLACE <u>Chapin Hill, S. C.</u>	
13) OCCUPATION <u>Farming</u>		19) OCCUPATION <u>Farmer</u>		
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) John S. Hunter  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Chapin Hill, S. C.

Given name added from a supplemental report  
.....  
.....  
.....  
19 .....

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

(27) Filed 7/19 1923 (28) John S. Hunter 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.