

(1) PLACE OF BIRTH

County of Montgomery
 Township of Cherokee
 or
 Inc. Town of
 or
 City of
 (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

File No.—For State Registrar Only

2497

Registration District No. H00213Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

Samuel Hunter

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Jan 22 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Hunter

(9) PRESENT POSTOFFICE OF FATHER

Cherokee S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian McKinnis

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

17
(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 alive 3 P at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 23 is signed by mark)

(27) Filed

Feb

19

(28)

W. H. Gantner

*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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS, MAKE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

MECHANICAL COLUMBIA, COLUMBIA, S. C.