

Form No. 1

(1) PLACE OF BIRTH

County of Pickens
Township of Dariusville
OR
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31802

Registration District No. 3701 Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child Milton Hunt

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

(3) Boy (4) Single (5) 1 (6) Married (7) DATE OF BIRTH Aug 22 22
To be answered only in case of Twins or Triplets (Number in order of birth) (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Rosmond Hunt
(9) PRESENT POSTOFFICE OF FATHER Dariusville
(10) COLOR OR RACE Wego (11) AGE AT LAST BIRTHDAY 45
(12) BIRTHPLACE Pickens Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Jackson
(15) PRESENT POSTOFFICE OF MOTHER Dariusville
(16) COLOR OR RACE Wego (17) AGE AT LAST BIRTHDAY 43
(18) BIRTHPLACE Pickens Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Ponder

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Dariusville

Given name added from a supplemental report

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

(27) Filed Sept. 10 22 (28) H. M. Ponder 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.

is 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.