

## (1) PLACE OF BIRTH

County of Easley  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

31787

Registration District No. 37-a Registered No. 140  
 (For use of Local Registrar)

Inc. Town of .....  
 or .....  
 City of Easley SC (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 Bernice Elizabeth Hunter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 19, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Marvin Hunter

(9) PRESENT POSTOFFICE OF FATHER Easley SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION mill hand

(20) Number of children born to mother, including present birth 2nd

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Powell

(15) PRESENT POSTOFFICE OF MOTHER Easley SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION mill hand

(21) Number of children of this mother now living, including present birth 2nd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:25 a.m. on the date above stated. (Hour or stillborn) (Hour or P. M.)

(23) (Signature) W. H. Wyatt, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Easley, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 1, 1922 (28) W. H. Wyatt 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.

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