

(1) PLACE OF BIRTH

County of Spartanburg
 Township of " "
 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
 8470

Registration District No. 40 - A

Registered No. 74
 (For use of Local Registrar)

(2) Full Name of Child

Huntley

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

(3) BOY OR GIRL
 girl

(4) Twin or Triplet?
 To be answered only in event of Twin or Triplet

(5) Number in order of birth
 1

(6) Age of Parent
 7 to 10

(7) DATE OF BIRTH
 2 18 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 N. C. Huntley

(9) PRESENT POSTOFFICE OF FATHER
 Spartanburg, S.C.

(10) COLOR OR RACE
 W

(11) AGE AT LAST BIRTHDAY
 23
 (Years)

(12) BIRTHPLACE
 N.C.

(13) OCCUPATION
 Merchant

(14) Number of children born to mother, including present birth
 1

MOTHER.

(14) NAME BEFORE MARRIAGE
 Helen J. Huntley

(15) PRESENT POSTOFFICE OF MOTHER
 Spartanburg, S.C.

(16) COLOR OR RACE
 W

(17) AGE AT LAST BIRTHDAY
 20
 (Years)

(18) BIRTHPLACE
 S.C.

(19) OCCUPATION
 Housewife

(20) 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 alive at 7 P.M. on the date above stated.
 (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)
 J. P. Crum M.D.

(24) State whether Physician or Midwife
 Physician

(25) Address of Physician or Midwife
 Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2-18-23 (28) J. P. Crum 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.