

## (1) PLACE OF BIRTH

County of *York*Township of *Chatham*

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

4330

Registration District No. *7-2-03* Registered No. *1*

(For use of Local Registrar)

2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth  
to be answered only in case of twins or triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan. 12, 1917*

(Name of Month) (Day) (Year)

(8) FULL NAME *W. C. Hunt*(9) PRESENT POSTOFFICE OF FATHER *Waukena SC*(10) COLOR OR RACE *W.*(11) AGE AT LAST BIRTHDAY *37*  
(Years)(12) BIRTHPLACE *N. C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *5*(14) NAME BEFORE MARRIAGE *May Roper*(15) PRESENT POSTOFFICE OF MOTHER *Same*(16) COLOR OR RACE *W.*(17) AGE AT LAST BIRTHDAY  
(Years)(18) BIRTHPLACE *N. C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *1 A* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. C. Hunt*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *W. C. Hunt*

Given name added from a supplemental report

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

(27) Filed ..... 1917 (28) *Mrs. Effie Robinson* 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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