

RECEIVED OF COLUMBIA, SOUTH CAROLINA, B. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lex
Township of Gilbert
or
Inc. Town of.....
or
City of.....

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

Registration District No. 3187

File No.—For State Registrar Only

31160

Registered No.....
(For use of Local Registrar)

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

(2) Full Name of Child

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 June 7, 1922
(State of Month) (Day) (Year)

FATHER

(8) FULL NAME James Munroe Kunk
(9) PRESENT POSTOFFICE OF FATHER Lexington, N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 63 (Year)
(12) BIRTHPLACE Barnwell
(13) OCCUPATION Minister
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Georgia Anderson
(15) PRESENT POSTOFFICE OF MOTHER Lexington, N.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)
(18) BIRTHPLACE Lexington, N.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 girl at 3 A.M. on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Dwyer, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexington, N.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

19

(28)

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.

*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.

*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.