

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of 3 Wayne
 Township of North

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

File No.—For State Registrar Only

28351

Inc. Town of or
 City of (No. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hugh Hunt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are-
 Married? No (7) DATE OF BIRTH July 3, 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME William J. Hunt
 (9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Clinton, S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Hattie B. Floyd
 (15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Clinton, S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) H. J. Hunt
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplement-
 tal report

(25) Witness (Signature of Witness necessary only
 when question 21 is signed by mark)

(26) Filed 7-26-23 (27) H. J. Hunt 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.

(28) H. J. Hunt (29) Filed 7-26-23 (30) H. J. Hunt Local Registrar