

(1) PLACE OF BIRTH

County of Anderson
 Township of Carner
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar

6440

Registration District No. 3.0.4Registered No. 22
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jamil 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 6 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Columbus Hunter(14) NAME BEFORE MARRIAGE Ester Anderson(9) PRESENT POSTOFFICE OF FATHER Iva, S.C.(15) PRESENT POSTOFFICE OF MOTHER Iva, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 27 (Years)(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Anderson Co., S.C.(18) BIRTHPLACE Anderson Co., S.C.(13) OCCUPATION Farming(19) OCCUPATION Farming(20) Number of children born to mother, including present birth 6(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 Alma at 10 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Alma Gainer(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Iva, 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 Mar 10 1922 (28) S. M. Adams 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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