

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**

State Board of Health

Registration District No. 2 Registered No. 156  
(For use of Local Registrar)

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..... (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 William Hunt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twin or Triplet</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>10/19/2022</i>
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FATHER		MOTHER	
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(14) NAME BEFORE MARRIAGE Ethel Hanson

1) PRESENT POSTOFFICE OF FATHER uskhalla

15) PRESENT POSTOFFICE OF MOTHER uskhalla

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(14) BIRTHPLACE	(15) BIRTHPLACE	(16) BIRTHPLACE	(17) BIRTHPLACE	(18) BIRTHPLACE
Packman Co 30	Packman Co 30	Packman Co 30	Packman Co 30	Packman Co 30

13. OCCUPATION <i>Barber</i>	14. OCCUPATION <i>Barber</i>
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(21) Number of children born to mother now living. Including present birth. 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was White at 11:30 P.M.  
on the date above stated. (Born alive or stillborn) (House or P.M.)

(23) (Signature) 13 Dr. Rodney H. N.  
(24) State - whether Physician or Midwife | (25) Address of Physician or Midwife

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	W. J. Waller

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness necessary only)

(27) Filed 2/17/72 (28) FILED

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.