

## (1) PLACE OF BIRTH

County of Brennville

Township of .....

or  
Inc. Town of .....City of Brennville

(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

No. 10.—For State Registrar

28427

Registration District No. 22ARegistered No. 470

(For use of Local Registrar)

(No. 105 Lucille Ave.)

..... Ward)

(2) Full Name of Child Grayson C. Hunter

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be entered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH July 13, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Grayson C. Hunter(9) PRESENT POSTOFFICE OF FATHER G.ville, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE H. C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Kimminnie Carpenter(15) PRESENT POSTOFFICE OF MOTHER G.ville, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE H. C.(19) OCCUPATION H. M.(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 29, 1923(28) C. E. Smith 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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