

(1) PLACE OF BIRTH

County of Lancaster
 Township of Bayford
 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 Only
30903

Registration District No. 2500 Registered No. 67
 (For use of Local Registrar.)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 9.18.22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Marion Hunter
 (9) PRESENT POSTOFFICE OF FATHER Lancaster R 8
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)
 (12) BIRTHPLACE S C

MOTHER.
 (14) NAME BEFORE MARRIAGE Hettie Mahaffey
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster R 8
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)
 (18) BIRTHPLACE S C

(13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 3

(19) OCCUPATION house work
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Adams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster R 2

Given name added from a supplemental report

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

(27) Filed Oct. 9. 22 (28) A. W. Hinson
 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.