

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3285

County of CharlestonTownship of St. Philipor  
Inc. Town of St. PhilipCity of North CharlestonRegistration District No. 909 Registered No. 25  
(For use of Local Registrar)(No. North Charleston Word)

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

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Hunter</u>			(14) NAME BEFORE MARRIAGE <u>Ida Gardner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>23y.</u>			(17) AGE AT LAST BIRTHDAY <u>15</u>	
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(18) BIRTHPLACE <u>Charleston, S.C.</u>	
(13) OCCUPATION <u>Manager</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Richard H. Myers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed <u>Feb. 22, 1923</u> (28) <u>C. F. Myers</u> 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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