

Form No. 1

(1) PLACE OF BIRTH

County of *Dillon*
 Township of *Hartsville*
 or
 Inc. Town of
 or
 City of

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

No. *38623*

Registration District No. *1601*

Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child *Pauline Hunt*

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

(a) SEX OF CHILD ☒ MALE ☐ FEMALE (b) Number in order of birth (c) Age of Child at Birth (d) DATE OF BIRTH *Sept 15, 1923*
 (Name of Month) (Day) (Year)

(1) FULL NAME *A. C. Hunt*
 (2) PRESENT ADDRESS OF FATHER *Hartsville, S.C.*
 (3) COLOR OR RACE *Indian* (4) AGE AT LAST BIRTHDAY *38*
 (Year) (5) BIRTHPLACE
 (6) OCCUPATION *Farmer*

MOTHER.
 (1) NAME BEFORE MARRIAGE *Susan D. Hunt*
 (2) PRESENT ADDRESS OF MOTHER *Hartsville*
 (3) COLOR OR RACE *Indian* (4) AGE AT LAST BIRTHDAY *42*
 (Year) (5) BIRTHPLACE *Home*
 (6) OCCUPATION *Farmer*

(7) Number of children born to mother, including present birth *10*

(8) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was
 on the date
 (Born alive or stillborn) (Hour A. M. or P. M.)

(10) (Signature) *Jane Hunt*
 (11) State whether Physician or Midwife (12) Address of Physician or Midwife *Hartsville, S.C.*

Given name added from a supplemental report

(13) Witness (Signature of Witness necessary only when question is signed by mother)

(14) FILED *11-20* 1923 (15) *W. H. Hunt*

*When there was no attending physician or midwife, then the father, mother, or other person present at the birth must sign this report. If a child breathes even once, it must not be reported as stillborn. No report is required before the 28th month of pregnancy.