

(1) PLACE OF BIRTH

County of *Greenville*Township of *Cherokee*Inc. Town of *Cherokee*City of *Cherokee*

(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

File No.—For State Registrar Only

4017

Registration District No. *1204*Registered No. *31*

(For use of Local Registrar)

St. *Ward*2) Full Name of Child *Louise Hunter*

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

(3) SEX
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 11 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Louise Hunter*(9) PRESENT OFFICE *Greenville, S.C.*(10) AGE AT LAST BIRTHDAY *34*

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE *Cherokee*(13) OCCUPATION *Textile mill*

MOTHER

(14) NAME BEFORE MARRIAGE *Mary Corman*(15) PRESENT POSTOFFICE OF MOTHER *Greenville, S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *37*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* (Born *alive* or stillborn) (Hour *10* or P. M.) on the date above stated.(22) (Signature) *Louise Hunter*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Greenville, S.C.*

Given name added from a supplemental report

*Mch. 23 1923**C. W. Miller*

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) FILED *11*

(27)

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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