

## (1) PLACE OF BIRTH

County of *Albion*Township of *Albion*

Inc. Town of .....

City of .....

(No. .... St. .... Word)  
(If birth occurs in a hospital or other institution, give name of ... instead of street and number.)(2) Full Name of Child *James Lee Hunt*

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

(3) SEX OF CHILD <i>Male</i>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex of Parent <i>Male</i>	(7) DATE OF BIRTH <i>Jan. 16, 1923</i> (Month) (Day) (Year)
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## FATHER

(8) FULL NAME *Sam Jones*(9) PRESENT POSTOFFICE OF FATHER *Albion, S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23* (Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farm Labor*(14) Number of children born to mother, including present birth *4*

## MOTHER

(14) FULL NAME *James Lee Hunt*(15) PRESENT POSTOFFICE OF MOTHER *Albion, S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *20* (Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm Labor*(20) 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 ... at ... M., on the date above stated. (Born at ... (Hour) M. or P. M.)

(23) (Signature) *Harshel H. Crane*(24) State whether Physician or Midwife (25) Address of Phys. or Midwife *Albion, S.C.*

(Given name added from a supplemental report)

(26) Witness *F. H. Boyd*

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

(27) Filed *Jan. 19, 1923* (28) *J. H. Boyd, M.D.* 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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