

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 IN THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Chesterfield SC  
 Township of CH.  
 Inc. Town of .....  
 or .....  
 City of ..... (No. .... St.; .... Ward)  
 (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  
796

Registration District No. 1203 Registered No. 3  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents married? <u>yes</u>	(7) DATE OF BIRTH (Month) <u>Jan</u> (Day) <u>3</u> (Year) <u>1922</u>
FATHER			MOTHER	
(8) FULL NAME <u>C. H. Hunkley</u>			(14) NAME BEFORE MARRIAGE <u>Mary Beang</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chesterfield SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chesterfield SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY (Year) <u>38</u>	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>SC</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>33</u>			
(13) OCCUPATION <u>Lawyer</u>	(18) BIRTHPLACE <u>SC</u>			
(19) OCCUPATION <u>Housewife</u>			(20) OCCUPATION	
(21) Number of children born to mother, including present birth <u>4</u>			(22) Number of children of this mother now living, including present birth <u>4</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M. on the date above stated. (Be alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) <u>[Signature]</u>	(24) State whether Physician or Midwife <u>Phys.</u>	(25) Address of Physician or Midwife <u>Chesterfield SC</u>
Given name added from a supplemental report		
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filed <u>Jan 10 1922</u> (28) <u>W. S. Watson</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.

Registrar ..... Local Registrar .....  
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