

NAME OF BIRTH
County of Wayne
Town of Pamphlet
City of Pamphlet

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

File No.—For State Registrar Only
32127

Registration District No. 2007 Registered No. 88
(For use of Local Registrar)

St. 1 Ward 1
(No. 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child

2 SEX OF CHILD Boy
4 Title or Trust To be answered only in case of Twins or Triplets
5 Number in order of birth 1
6 Are Parents Married? Yes
7 DATE OF BIRTH Sept 25 1923
(Name of Month) (Day) (Year)
8 FULL NAME James E. Hunt Terry
9 PRESENT POSTOFFICE OF MOTHER Pamphlet S.C.
10 COLOR OR RACE White
11 AGE AT LAST BIRTHDAY 31
12 BIRTHPLACE S.C.

13 OCCUPATION Housewife
14 NAME BEFORE MARRIAGE Sallie Hudson
15 PRESENT POSTOFFICE OF MOTHER Pamphlet S.C.
16 COLOR OR RACE White
17 AGE AT LAST BIRTHDAY 31
18 BIRTHPLACE S.C.
19 OCCUPATION Housewife
20 Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born born alive at 8:30 P. M. on the date above stated. (born alive or stillborn) Hour 8:30 P. M.

(22) (Signature) W. H. Boston
(23) State whether Physician or Midwife Midwife Address of Physician or Midwife Pamphlet S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Boston
(25) Filed Oct 1923 (26) 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.

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.