

(1) PLACE OF BIRTH

County of PickensTownship of Marion

Inc. Town of

City of

(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. 8230 For State Registrar OnlyRegistration District No. 3704Registered No. 27

(For use of Local Registrar)

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

(2) Full Name of Child Margaret Hunnicutt(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 18, 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Grace Hunnicutt(9) PRESENT POSTOFFICE OF FATHER Pickens S.C. Rd 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Pickens Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Morgan(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C. Rd 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Pickens Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A.M. or P.M.) 11:41 a(22) (Signature) H. J. Talley(23) State whether Physician or Midwife (24) Address of Physician or Midwife Pickens S.C.

Even name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed 4/1/23(27) M. S. S. S.

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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