

MARGIN RESERVED FOR BINDING.
WRITED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In 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 Laurens
Township of
or
Inc. Town of Laurens
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15563

Registration District No. 29 Registered No. 61
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Hunter
(9) PRESENT POSTOFFICE OF FATHER Laurens S C
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19
(Years)
(12) BIRTHPLACE Laurens S C
(13) OCCUPATION Laborer Int Dept
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Ellen Barksdale
(15) PRESENT POSTOFFICE OF MOTHER Laurens, S C
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
(Years)
(18) BIRTHPLACE Laurens S C
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lettie Neal
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens S C

Given name added from a supplemental report

(26) Witness A. Hunter
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/24 1922 (28) C. Kennedy 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.