

(1) PLACE OF BIRTH

County of Lexington S.C.

Township of

or

Inc. Town of

or

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.—For State Registrar Only

14903

Registration District No. 31 00Registered No. 2 5
(For use of Local Registrar)(2) Full Name of Child Hazel Lucell Hunter

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex yes (7) BIRTH Jan 15 1923
(Month of Birth) (Day) (Year)(8) FULL NAME Lee Hunter FATHER (9) NAME BEFORE MARRIAGE Minnie Hall MOTHER(10) PRESENT POSTOFFICE OF FATHER Stedman (11) PRESENT POSTOFFICE OF MOTHER Leeville(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 33 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 30
(Year) (Year)(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.(18) OCCUPATION Farming (19) OCCUPATION housewife(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

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 alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State (Whether Physician or Midwife) (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 9 1923 (28) G. C. Gantt. Local RegistrarWhen 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.