

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

41668

County of

Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

Mt. Pleasant

Registration District No.

1205

Registered No.

93

(For use of Local Registrar)

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.)

## (2) Full Name of Child

Laurie Hunter

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 14, 22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Mike Hunter

(9) PRESENT POSTOFFICE OF FATHER

Rutledge S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

3-0

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

9

## MOTHER

(14) NAME BEFORE MARRIAGE

Rebecca Davidson

(15) PRESENT POSTOFFICE OF MOTHER

Rutledge S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

45-

(18) BIRTHPLACE

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 or stillborn, on the date above stated.

born alive 3:20 at 2 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

(28)

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.