

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Catharine
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 35351

Registration District No. 1215 Registered No. 84
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 2 1923
 (Name of Person) (Year)

FATHER.

(8) FULL NAME A. J. Hunter
 (9) PRESENT RESIDENCE OF FATHER St. Catharine S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Post master

MOTHER.

(14) NAME BEFORE MARRIAGE Olwyn Rathj
 (15) PRESENT RESIDENCE OF MOTHER St. Catharine S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Hoskins

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife St. Catharine S.C.

Given name added from a supplemental report

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

(27) Filed (28) (29) P. B. Redfern 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.