

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Waller  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Anderson

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

0019

Registration District No. 213 Registered No. 12  
 (For use of Local Registrar)

(No. H.D.3 Short St.: \_\_\_\_\_ Ward)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Edna Augusta Hunter

(3) BOY OR GIRL \_\_\_\_\_ (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 5 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Hunter  
 (9) PRESENT POSTOFFICE OF FATHER Anderson  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Ind Co  
 (13) OCCUPATION Barber

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Danley  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Ind Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## 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) (Household or R.M.)

(23) (Signature) A. S. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 16 1922(28) E. A. Ellard 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.

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