

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Hunter  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**19264**

Registration District No. 22902 Registered No. 64  
 (For use of Local Registrar)

(2) Full Name of Child Mrs. Lucius Hunter

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

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 June 3, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Osie Hunter  
 9 PRESENT POSTOFFICE OF FATHER Clinton, S.C.  
 10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22  
 (Years)  
 12 BIRTHPLACE S.C.  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth 1

## MOTHER.

14 NAME BEFORE MARRIAGE Emma Evans  
 15 PRESENT POSTOFFICE OF MOTHER Clinton, S.C.  
 16 COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
 (Years)  
 18 BIRTHPLACE S.C.  
 19 OCCUPATION Farmer  
 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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Agnes Kellie  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) J. L. W. Bailey  
 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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.