

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of .....

(City of .....

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

(2) Full Name of Child WilliamFile No. - For State Registrar Only  
4883Registration District No. 3.12.13 Registered No. 29  
(For use of Local Registrar)(No. 24; Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 24</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Willie Hunt

(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Na

(13) OCCUPATION Public works

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ada Gantzer

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Orangeburg, Co. S.C.

(19) OCCUPATION Domestic

(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 ..... at ..... M.,  
on the date above stated. Born alive or stillborn Hour A. M. or P. M.(23) (Signature) W. L. Hunt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg, 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 Feb 28 1923 (28) A. L. Fain 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.