

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 or  
 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.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2494

Registration District No H042 BRegistered No. 4  
(For use of Local Registrar)(2) Full Name of Child J.W. Buntin

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 8 1932</u>
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## FATHER.

(8) FULL NAME J. W. Buntin  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE  
 (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Buntin  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee St  
 (16) COLOR OR RACE Col  
 (17) AGE AT LAST BIRTHDAY (Years) 21  
 (18) BIRTHPLACE St  
 (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 born alive to P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allanta Buntin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb(28) W. W. Buntin

\*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.