

THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Lancaster</u> Township of <u>Cedar Creek</u> or Inc. Town of..... or City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>43149</b>	
		Registration District No. <u>2802</u>		Registered No. <u>571</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Hammie Carter Hunter</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 20</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Willie Hunter</u> (9) PRESENT POSTOFFICE OF FATHER <u>Lancaster # 3</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>3 ce</u> (Years) (12) BIRTHPLACE <u>Lancaster co</u> (13) OCCUPATION <u>Hammie's</u> (20) Number of children born to mother, including present birth <u>8</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Hammie Carter</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster # 3</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>39</u> (Years) (18) BIRTHPLACE <u>Lancaster co</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was.... <u>alive</u> ..... at <u>10-30P</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>T. J. Shail</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Lancaster</u> Given name added from a supplemental report..... (26) Witness..... (27) Filed <u>Dec 24</u> 19 <u>22</u> (28) <u>Jas A. Caution</u> 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.