

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Richmond  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4920

Registration District No. 3107 Registered No. 17  
 (For use of Local Registrar)

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

(2) Full Name of Child Daniel Lee Hunter, Jr. If child is not yet named, make supplemental report as directed.

(1) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 23 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam. L. Hunter  
 (9) PRESENT POSTOFFICE OF FATHER Leesville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Year)  
 (12) BIRTHPLACE Richmond County  
 (13) OCCUPATION Mechanic  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Sam. E. Rice  
 (15) PRESENT POSTOFFICE OF MOTHER Leesville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Year)  
 (18) BIRTHPLACE Richmond County  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was White at 1 4 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) W. H. Hunter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Leesville 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 1-30 1922 (28) H. O. Shively 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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