

(1) PLACE OF BIRTH

County of ClarendonTownship of St. Markor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37882

Registration District No. 1310 Registered No. 35
(For use of Local Registrar)

(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 Alberta Hunter (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 13 22
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at St. Mark M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John H. Hunter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 25 22(28) W. R. Spivey

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.