

## (2) PLACE OF BIRTH

County of Orangeburg  
 Township of Branchville  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. For State Registrar Only

43953

Registration District No. 3601 Registered No. 79  
 (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 John Wesley Hantley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John F. Hantley  
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
 (Years) (12) BIRTHPLACE S.C.

(13) OCCUPATION Day Laborer  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lena Shuler  
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
 (Years) (18) BIRTHPLACE S.C.

(19) OCCUPATION Household  
 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 108 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville 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 Dec 30 1922 (28) Boston Att 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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