CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3729

(1) PLACE OF BIRTH
County of Clarendon
Township of Brewington
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.)

Registration District No. 1800 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child Moses Hunt
(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 Feb 15 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Dan H. Hunt	(14) NAME BEFORE MARRIAGE Inez Jones
(9) PRESENT POSTOFFICE OF FATHER Foreston S.C.	(15) PRESENT POSTOFFICE OF MOTHER Foreston S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Preaching	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

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

(23) (Signature) Eliza Houston
(24) State whether Physician or Midwife M.W.
(25) Address of Physician or Midwife Foreston S.C.

Given name added from a supplemental report
..... 19....
Registrar

(26) Witness W. H. Hunt
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb. 15 1922 (28) Foreston S.C.
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.

McGaw of Columbia, Columbia, S. C.

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.

DETACH ON DOTTED LINE