

Jenkins-Hunter corres

50¢ ack

6/23/44w

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of SumterTownship of Port George

or

Inc. Town of _____

or

City of Pembert. S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4106Registered No. _____
(For use of Local Registrar)

23 048052

FILE

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2. FULL NAME OF CHILD Leacy Hunter

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Oct 27</u> , 19 <u>23</u> (Month, day, year)
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9. Full name FATHER
Harrison Hunter18. Name before marriage MOTHER
Eliya Lawson10. Residence (mailing address)
(If non-resident, give place and State) Pembert19. Residence (mailing address)
(If non-resident, give place and State) Pembert11. Color or race Negro12. Age at child's birth 33 (years)20. Color or race Negro21. Age at child's birth 35 (years)13. Birthplace (city or place)
(State or country) Pembert, S.C.22. Birthplace (city or place)
(State or country) Pembert S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farm labor23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Farm labor15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc. _____24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____16. Date (month and year) last
engaged in this work _____17. Total time (years) 54
spent in this work _____25. Date (month and year) last
engaged in this work _____26. Total time (years) 38
spent in this work _____27. Number of children of this mother 5
(At time of birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____28. If stillborn, _____
period of gestation _____ months _____ weeks29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from _____
a supplementary report _____
(Date of) _____(Signed) Harrison Hunter, Parent

or _____ Guardian

Address Route 2 Pembert S.C.Filed July 12, 19 44 L. A. Riser, M.D.
Registrar.

Registrar.