

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.

(1) PLACE OF BIRTH

County of Newberry
Township of # 7
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

43860

Registration District No. 3410... Registered No. 621.....
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Albert Hunter
(9) PRESENT POSTOFFICE OF FATHER Newberry SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Years)
(12) BIRTHPLACE Newberry Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Amabel Lester
(15) PRESENT POSTOFFICE OF MOTHER Newberry SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE Newberry Co.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:40 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Edenbaugh M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Prosperity, SC

Given name added from a supplemental report

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

(27) Filed Jan 9, 1923 (28) W. T. Bibb 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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