

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Stark's Bridge  
 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

31110

Registration District No. 3008 Registered No. 64  
 (For use of Local Registrar)

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

(2) Full Name of Child Joe Nathan Hunter 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wiley Hunter  
 (9) PRESENT POSTOFFICE OF FATHER #1 Bishopville SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (12) BIRTHPLACE Kershaw Co SC  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lurey Grooms  
 (15) PRESENT POSTOFFICE OF MOTHER #6 Bishopville SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17  
 (Years)  
 (18) BIRTHPLACE Lee Co SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis V. Mark(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bishopville SC

Given name added from a supplemental report

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

(27) Filed Sept 24 22 (28) R. M. Smith  
 Registrar 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.

MARGIN RESERVED FOR BINDING.

WHEN PLACING, WITH EXPIRING INFO., THIS IS A PERMANENT RECORD.  
 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.