

Form No. 1

1. PLACE OF BIRTH

County of Greenville

Township of _____

or

City of _____

or

City of Greenville

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

2. FULL NAME OF CHILD William Francis Hunter

{ 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

6. Are Parents Married? Yes

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

July 18th 1915
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Mills Hunter

9. PRESENT POSTOFFICE OF FATHER

Greenville, S. C.

10. COLOR OR RACE White

11. AGE AT LAST BIRTHDAY 40
(Years)

12. BIRTHPLACE

Greenville, S. C.

13. OCCUPATION

Salesman

14. Number of children born to mother, including present birth

Two

MOTHER

14. NAME BEFORE MARRIAGE

Sarah Stokes

15. PRESENT POSTOFFICE OF MOTHER

Greenville, S. C.

16. COLOR OR RACE White

17. AGE AT LAST BIRTHDAY 27
(Years)

18. BIRTHPLACE

Greenville, Co. S. C.

19. OCCUPATION

Housewife

21. Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

at 12 noon
(Hour A.M. or P.M.)

23. Signature

R. S. Hunter

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Greenville, S. C.

Given name added from a supplemental report

19

26. Witness

(Signature of Witness necessary when question 23 is signed by mother)

27. Filed

March 16th 1915

Registrar

[Signature]
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.