

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Religious Creekor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Isabella Hunter

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

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? To be answered only in event of Twin or Triplets	5. Number in order of birth <u>10</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8. FULL NAME Russell Hunter9. PRESENT POSTOFFICE OF FATHER Rembert S.C.10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Years)12. BIRTHPLACE Sumter Co13. OCCUPATION farmer20. Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Ellerbe(15) PRESENT POSTOFFICE OF MOTHER Rembert S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12.06 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Halmah Chatman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rembert S.C.

Given name added from a supplemental report

(26) Witness H.C. Harrell (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 23, 1922 (28) H.C. Harrell 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20329

Registration District No. 1166 Registered No. 545
(For use of Local Registrar)(No. St.; Ward)
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