

MARGIN RESERVED FOR BINDING.
 FORM NO. 7.
 WHITE 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.
 City of Columbia

(1) PLACE OF BIRTH

County of Richland

Township of Centre

Inc. Town of Centre

City of Centre

(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

91551

Registered No. 3801

(For use of Local Registrar)

(2) Full Name of Child Bladys Mickell Hungerfiller

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

(3) BOY OR GIRL? girl

(4) Twin or triplet? 1

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 28 1916

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John C. Hungerfiller

(9) PRESENT POSTOFFICE OF FATHER Lykesland S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Edmore S.C.

(13) OCCUPATION School Teacher

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Isabel Seegars

(15) PRESENT POSTOFFICE OF MOTHER Lykesland S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Harlem S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

affidavit
9-18-57

(23) (Signature) Pauline P. Mickell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Columbia S.C.

Given name added from a supplemental report

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191 Registrar

(26) Witness

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

(27) Filed

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(28) 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.

Before the birth