

(1) PLACE OF BIRTH

County of

Township of

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

89110

Registration District No. 1215-

Registered No. 127-
(For use of Local Registrar)

(No. St.: Ward)

(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?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov. 18, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Henry Hunt

(9) PRESENT POSTOFFICE OF FATHER

Ruby S.C. #1.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Butts Co. Ga.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Billie Boone

(15) PRESENT POSTOFFICE OF MOTHER

Ruby S.C. #1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

Ruby S.C.

(19) OCCUPATION

Housewife

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

11

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

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Robt M. Newman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ruby S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

S. T. Rivers

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.