

1

## (1) PLACE OF BIRTH

County of Calaveras  
Township of .....  
or .....  
Inc. Town of .....  
or .....  
City of Calaveras

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

**File No.—For State Registrar Only**

~~41542~~

Registration District No. ....

Registered No. 133  
(For use of Local Registrar)

City of San Francisco (No. 100 St.; 100 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Geulah: Spence { 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? *No* (7) DATE OF BIRTH *12/20/72*  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *German Hunter*

(9) PRESENT POSTOFFICE OF FATHER *Chesler*

(10) COLOR OR RACE *af* (11) AGE AT LAST BIRTHDAY *31* (Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

**MOTHER**

(14) NAME BEFORE MARRIAGE *Estelle Sterling*

(15) PRESENT POSTOFFICE OF MOTHER *Ches In 0*

(18) COLOR OR RACE *Cal* (17) AGE AT LAST BIRTHDAY... *25* (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 alive at 7:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. J. Allen*  
(24) State whether Physician or Midwife ☒ (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1-10-23 (28) J.P.M. 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.

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