

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of Levington

Township of Black Creek

Inc. Town of.....

CITY OF *Coventry*.....

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

(2) Full Name of Child Thelmar Victoria Hunter If child is not yet named, make supplemental report as directed.

(3) ~~NAME OF~~ GIRL? (4) Twin ~~Single~~ (5) Number in order of birth 2<sup>nd</sup> (6) ~~Are~~ Married? yes (7) DATE OF BIRTH Nov 24 1992  
(Name of Month) (Day) (Year)

**FATHER**

(7) FULL NAME Charlie Guster

PRESENT  
POSTOFFICE  
OF FATHER *Leesville*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (Years)

02 BIRTHPLACE  
Lincoln County.

(13) OCCUPATION 71

Farming

(25) Number of children born to mother, including present birth: { 10 }

**MOTIER.**

(14) NAME BEFORE MARRIAGE *Pauline Lewis*

(15) PRESENT POSTOFFICE OF MOTHER Levell

(16) COLOR OR *White* (17) AGE AT LAST BIRTHDAY *39* (Years)

(18) BIRTHPLACE Boston

(19) OCCUPATION Leopington Council

Farming

(21) Number of children of this mother now living, including present birth: { 8 }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

CERTIFICATE OF ATTENDING PHYSICIAN ON BIRTH

(2) I hereby certify that I attended the birth of this child, who was Born alive at 10 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) \_\_\_\_\_ (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

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

FILED ..... 18 ..... (25) ..... Local Registrar.

\*When there was no attending physician, if a child breathes even once, it is a live birth. If the mother, her husband, or the father, the father, householder, etc., should make the report as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.

[illegible]