

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
Township of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
77151

Inc. Town of Registration District No. 22 A Registered No. 599
or
City of Greenville (No. 119 Robinson St.; 6 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug; 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Hunter
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Fireman Station engine
(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Thompson
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 11.15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. H. Sailer, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....
..... Registrar

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

(27) Filed Oct. 24 1916 (28) Chas. E. Smith 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.
McCart of Columbia.