

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of

City of

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

(2) Full Name of Child Archie Hunter(3) BOY OR GIRL X 9

(4) Twin or Triplet

(5) Number in order of birth

(6) Sex of Mother no(7) Date of Birth SEP 19 1925

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(15) NAME BEFORE MARRIAGE Maria Hunter(16) PRESENT POSTOFFICE OF MOTHER Harris S C(17) COLOR OR RACE colored

(18) AGE AT LAST BIRTHDAY

(Year)

(19) BIRTHPLACE Hester(20) OCCUPATION farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Archie Hunter on the date above stated.

(Signature)

(23) Name, whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplementary report

Witness

(Signature of witness, necessary only when question is raised by mother)

Date 10/5Time 2:30

Local Registrar

When there was no attending physician or midwife, then the father, having been so reported as stillborn, should make this return. If a child breathes even once, it is not stillborn. The mother is required of stillbirths.