

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No. For State Registrar Only  
**91431**

## (1) PLACE OF BIRTH

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

Registration District No. 461.D Registered No. 100  
(For use of Local Registrar)

(2) Full Name of Child Leotis A. Hunt St. ....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No  
(7) DATE OF BIRTH Jan. 13 1911  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Unknown  
(9) PRESENT POSTOFFICE OF FATHER Unknown  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE .....  
(13) OCCUPATION Unknown  
(14) Number of children born to mother, including present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Roseller Hunt  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Spartanburg  
(19) OCCUPATION Farmer  
(20) 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 Born at .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Sauferne Bishop  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife .....

Given name added from s. supplemental report

(26) Witness H. H. Hill  
(Signature of Witness necessary only when question 23 is signed "marriage")

(27) Filed Jan 2 1911 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.

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.