CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35119

(1) PLACE OF BIRTH
County of Lancaster
Township of Flat Creek
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1801 Registered No. 38
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Oct 6 1901 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Clarence A Hunter
(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Lancaster Co S.C.
(13) OCCUPATION Clerk
(20) Number of children born to mother, including present birth 2 (Two)

MOTHER

(14) NAME BEFORE MARRIAGE Mande Hunter
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Chesterfield Co S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7A M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Shumate
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report
..... 19....
Registrar

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

(27) Filed Oct 15 1901 (28) W H Griffin
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.

Note—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.

Bureau of Columbia, Columbia, S. C.

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