

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Bluffville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
21713Registration District No. 3000Registered No. 21
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Alfred Huntley If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Y</u>	<u>July 5, 1923</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>W. E. Huntley</u>	(14) NAME BEFORE MARRIAGE	<u>Bertha Reynolds</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Bluffville</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Bluffville</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>39</u>	(17) AGE AT LAST BIRTHDAY	<u>35</u>
(12) BIRTHPLACE	<u>U.C.</u>	(18) BIRTHPLACE	<u>Lee Co</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. B. D. Bore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bluffville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 18, 1923(28) John N. J. Loney(29) 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.