

## (1) PLACE OF BIRTH

County of *Anderson*Township of *Union*

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71253

Registration District No. *304* Registered No. *116*  
(For use of Local Registrar)(2) Full Name of Child *Bessie Hunter* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*June 30, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Berry Hunter*

(9) PRESENT POSTOFFICE OF FATHER

*Ida*

(10) COLOR OR RACE

*negro*

(11) AGE AT LAST BIRTHDAY

*32*  
(Years)

(12) BIRTHPLACE

*Abbeville Co.*

(13) OCCUPATION

*Farming*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Addie Lickhart*

(15) PRESENT POSTOFFICE OF MOTHER

*Ida*

(16) COLOR OR RACE

*negro*

(17) AGE AT LAST BIRTHDAY

*48*  
(Years)

(18) BIRTHPLACE

*Anderson*

(19) OCCUPATION

*Housewife*

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

*12*

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

*12*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Banks*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife**Ida*

Given name added from a supplemental report

(26) Witness

*Mrs. S. M. M.*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

*Aug 25, 1916*

(28)

*S. M. McAdams*  
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

WARNING: THIS, WITH EXPANDING INK—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK for each child, and mark the

McGraw-Hill, New York, N. Y. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.