

(1) PLACE OF BIRTH
 County of Anderson
 Township of Smith
 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20, 1916
To be answered only in event of Twins or Triplets (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

(20) Number of children born to mother, including present birth 12

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

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:10 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 midwife (25) Address of Physician or Midwife Ida

Given name added from a supplemental report

....., 191.....

Registrar

(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. M. Adams 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
 WRITE FULL, WITH EXPANDING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 McCLARY, OF COLUMBIA