

FORM NO. 1
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 8.
 Division of Columbia

(1) PLACE OF BIRTH
 County of Pickens
 Township of Liberty
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
65946

Registration District No. 3705 Registered No. 69
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>(to be numbered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 5</u> <small>(Name of Month) (Day) (Year)</small>
---------------------------------	--	--	--	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Loarnes Hunter</u>	(14) NAME BEFORE MARRIAGE <u>Artie Hawkins</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C. 11#4</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C. 11#4</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Oconee Co S.C.</u>	(18) BIRTHPLACE <u>Pickens Co S.C.</u>	(19) OCCUPATION <u>Farming</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother new living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 9 M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Liberty S.C.

Given name added from a supplemental report
 181....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John R. Roney
 (27) Filed July 5 1916 (28) 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.

*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.