

Form No. 1

## (1) PLACE OF BIRTH

County of MarshTownship of Buffalo

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oliver Adel HunterFile No. - For State Registrar Only  
41127Registration District No. 2500Registered No. 177  
(For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 5th 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Henry Hunter

(9) PRESENT POSTOFFICE OF FATHER Marsh, N.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 48

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth Six (6)

## MOTHER.

(15) NAME BEFORE MARRIAGE Rosie Ellen Inipe

(16) PRESENT POSTOFFICE OF MOTHER Marsh, N.C.

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 36

(19) BIRTHPLACE S. C.

(20) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. J. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marsh, N.C.

(When name added from a supplemental report)

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

DEC 1923

(27) Filed (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

U. S. DEPT. OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.

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