

Form No. 1

(1) PLACE OF BIRTH  
 County of Cabell STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Marion State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 127 Registered No. 14  
 or  
 City of Cabell (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**50866**

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 1916  
 To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Lamb Hunter

(9) PRESENT POSTOFFICE OF FATHER Centerville S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Cabell Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.  
 (14) NAME BEFORE MARRIAGE Rose Robertson

(15) PRESENT POSTOFFICE OF MOTHER Centerville S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Cabell Co.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 3

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(32) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Hunter

(34) State whether Physician or Midwife (25) Address of Physician or Midwife Centerville S.C.

Given name added from a supplemental report

Sept 10 1916  
Centerville  
Super Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1916 (28) E. H. Hunter 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 ARE TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.  
 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 5.  
 Law of Columbia.