

## (1) PLACE OF BIRTH

County of MarionTownship of FranklinCity of FranklinCity of Franklin

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18658

Registration District No. 2004 Registered No. 16  
(For use of Local Registrar)(No. 16 St. 16 Ward 16)  
If child is not yet named, make supplemental report as directed2) Full Name of Child Ferrisville Hunter3) SEX OR GENDER B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 13 1928  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Ferrisville Hunter9) PRESENT POST OFFICE OF FATHER Barnack Barn(10) COLOR OR RACE Peter (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE McSwain(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Lee(15) PRESENT POST OFFICE OF MOTHER Barnack Barn(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE McSwain(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was 19 at 19 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. L. McSwain  
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeWillie C. Barnack Barn

Given name added from a supplemental report

(26) Witness J. L. McSwain  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1928 (28) J. L. McSwain 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.

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