

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

File No.—For State Registrar Only

42838

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

2010

Registered No.

84.

(For use of Local Registrar)

(3) BOY OR
GIRL?

Girl

(4) Twin
or triplet?

No

(5) Number in
order of birth

1

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Dec 12 5

If child is not yet named, make
supplemental report as directed

FATHER

(8) FULL
NAME

Herbert Hunter

(9) PRESENT
POSTOFFICE
OF FATHER

Cowards St.

(10) COLOR
OR
RACE

Col

(11) AGE AT LAST
BIRTHDAY

73

(Years)

(12) BIRTHPLACE

St.

(13) OCCUPATION

Farmer

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

3

MOTHER

(14) NAME BEFORE
MARRIAGE

Maele Lavinia

(15) PRESENT
POSTOFFICE
OF MOTHER

Cowards St.

(16) COLOR
OR
RACE

Col

(17) AGE AT LAST
BIRTHDAY

77

(Years)

(18) BIRTHPLACE

St.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

James S. Daniels

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) (Signature)

H. E. Hunter

(27) (Signature)

Cowards St.

Given name added from a supplement-
tal report

(28) Witness

H. E. Hunter

(29) (Signature)

Cowards St.

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

(30) Filed

Dec 31 1915

(31) (Signature)

Cowards St.

Registrar

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

SEALING REMOVED BY THE REGISTRAR.

IN THE 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.

City of Columbia