

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

ii. 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of Abbeville  
 or  
 Inc. Town of ..... Registration District No. 100 ..... Registered No. 144 .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 24</u> , 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Chas. Hunter</u>			(14) NAME BEFORE MARRIAGE <u>Cecilia Washington</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.</u>	
(10) COLOR OR RACE <u>Coe</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Coe</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Abbeville S.</u>			(18) BIRTHPLACE <u>Abbeville S.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth { <u>Five</u>			(21) Number of children of this mother now living, including present birth { <u>Five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive, at 1 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cecilia Washington

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report  
 \_\_\_\_\_, 191....  
 \_\_\_\_\_ Registrar

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

(27) Filed Sept 10, 1916 (28) [Signature] 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.