

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of York
 Township of
 or
 Inc. Town of
 or
 City of Rock Hill
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
75189

Registration District No. 44B Registered No. 140
 (For use of Local Registrar)

(2) Full Name of Child

Robert Hunt Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 8 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robert Hunt
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Labour
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy Hunt
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Labour
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Carroll Stebbins
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 8/9/16 (28) J. R. Neal 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.