

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42018

County of DarlingtonTownship of Northwich 2602

Inc. Town of

City of

Registration District No. 1-3-07Registered No. 3

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth Buntin

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Buntin(9) PRESENT POSTOFFICE OF FATHER Mont Cross S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Buntin(15) PRESENT POSTOFFICE OF MOTHER Mont Cross S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Domestic Laborer(21) 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 born alive at 2 a M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John T. Gentry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 23

(28)

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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