

(1) PLACE OF BIRTH

County of Marblehead
 Township of
 or
 Inc. Town of

City of Barnstable (No. St.: Ward:)
 (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

43686

Registration District No. 33A Registered No. 135
 (For use of Local Registrar)

(2) Full Name of Child Elizabeth Christine Hunsicker (If child is not yet named, make supplemental report as directed)

(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: 12 Dec 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. H. Hunsicker(9) PRESENT POSTOFFICE OF FATHER Barnstable St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Marblehead County(13) OCCUPATION Clerk(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Alice Hood(15) PRESENT POSTOFFICE OF MOTHER Barnstable St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Marblehead County(19) OCCUPATION Housewife(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 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnstable

Given name added from a supplemental report:

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

(27) Jan 5 1913 (28) W. H. Peto 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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