

(1) PLACE OF BIRTH

County of Chester

Township of _____

or
Inc. Town of Rocky Spring

or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58379

Registration District No. 216 Registered No. 46

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 3, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clair D Buesse Gunter

(9) PRESENT POSTOFFICE OF FATHER Sierron S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Mena Coleman

(15) PRESENT POSTOFFICE OF MOTHER Sierron S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) 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 alive 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N.A. Mitchell M.D.

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

Physician Kitching Mills S.C.

Given name added from a supplemental report

Nov 10, 1916

U. S. Miller
Regist. Registrar

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

(27) Filled 5/18-1916 (28) E. B. Gunter Jr. 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.

NOTING NO. 4, 1916. THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR STATISTICAL PURPOSES. THE STATE BOARD OF HEALTH HAS THE RIGHT TO REVOKE THIS REPORT AT ANY TIME. THE STATE BOARD OF HEALTH HAS THE RIGHT TO REVOKE THIS REPORT AT ANY TIME.