

Form No. 1.

(1) PLACE OF BIRTH

County of Union

Township of Goshen

or
Inc. Town of

or
City of Madison

(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

44875

Registration District No. 4202 Registered No. 30
(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. Matcomb S. Hunter

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 Dec. 5 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John B. Hunter

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Union Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Whitner

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

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Union Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Calvin Speeler

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

Given name added from a supplemental report

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

(27) Filed Dec. 31 1915 (28) J. C. Mobley 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. 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.