Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71273

(1) PLACE OF BIRTH
County of Anderson
Township of Hall
or
Inc. Town of ..... Registration District No. 306 Registered No. 109
(For use of Local Registrar)
or
City of ..... (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 Freddie Hartwell Hunter. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? Twin (To be answered only in event of Twins or Triplets) | (5) Number in order of birth 2 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug. 13 6 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME N. Hunter
(9) PRESENT POSTOFFICE OF FATHER Iva
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth } 13

MOTHER.

(14) NAME BEFORE MARRIAGE Leda Moseley
(15) PRESENT POSTOFFICE OF MOTHER Iva
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth } 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dr. Anderson

(24) State whether Physician or Midwife: Physician | (25) Address of Physician or Midwife: Antreville

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 Aug. 18. 1916. (28) D. M. McCadam
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.

No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1; THE OTHERS, No. 2, etc., in question 5.
McCaw, of Columbia.