

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

83702

(1) PLACE OF BIRTH

County of Sumter

Township of Stalburg

or  
Inc. Town of .....

or  
City of .....

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

Registration District No. 4109

Registered No. 97  
(For use of Local Registrar)

(2) Full Name of Child Nellie Hunter

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>None</u>	(5) Number in order of birth <u>1</u> <small>To be assigned only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>DEC 13 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Sam James Hunter

(14) NAME BEFORE MARRIAGE Sarah Brown

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

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

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34  
(Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE Sumter Co

(18) BIRTHPLACE Sumter Co.

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

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

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P. M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sam J. Hunter

(24) State whether Physician or Midwife father (25) Address of Physician or Midwife Horatio S.C.

Given name added from a supplemental report

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

(27) Filed Oct 13 1917 (28) Ben Sandier  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etal, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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.  
McGraw-Hill of Columbia