

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
66240

(1) PLACE OF BIRTH

County of *Spencer*

Township of *Cherokee*

or
Inc. Town of

or
City of

Registration District No. *4002 B* Registered No. *173*
(For use of Local Registrar)

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

(2) Full Name of Child *William J. Lunter* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Male* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 21 1916*
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *Olus Lunter* (14) NAME BEFORE MARRIAGE *Pessie M. Ahee*

(9) PRESENT POSTOFFICE OF FATHER *Cherokee Rd. S.C.* (15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29*
(Years) (Years)

(12) BIRTHPLACE *N. C.* (18) BIRTHPLACE *S. N. C.*

(13) OCCUPATION *Farmer* (19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *7* (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 alive* at *7:30* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *O. M. Chapman*

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

Physician *Cherokee S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *June 23 1916* (28) *W. M. Painter* 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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FORM NO. 8
M. H. McCaw of Columbia
PRINTED AT THE STATE OF SOUTH CAROLINA
WITH UNPAIDING INK—THIS IS A PERMANENT RECORD.
M. H. McCaw of Columbia
WHEN 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 2.