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Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
00286

1. PLACE OF BIRTH

County of Dillon
Township of Hillsboro
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. 1603 Registered No. _____
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD Woodworth Hunt { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Feb 21, 1916
(Month, day, year)9. Full name Norman Hunt FATHER 18. Name before marriage Margaret Hammonds MOTHER10. Residence (mailing address) Dillon, R. F. D. 19. Residence (mailing address) Dillon, R. F. D.
(If non-resident, give place and State)11. Color of white 12. Age at child's birth 28 (years) 20. Color or race white 21. Age at child's birth 24 (years)13. Birthplace Robeson Co. N. C. 22. Birthplace Robeson Co. N. C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Nov 19 17. Total time (years) all spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) all spent in this work _____27. Number of children of this mother 4 (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at _____, on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____
(Date of) _____(Signed) Norman Hunt, Parent

or _____, Guardian

Address Fairmont N. C. P. 3Filed 4-70, 1916 Rosa P. Smith
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)