

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Darlingtonor  
Inc. Town of \_\_\_\_\_or  
City of \_\_\_\_\_

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

(2) Full Name of Child. Alice Louise Huntley | If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 4, 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Mervel Huntley(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Asst. L.C.R.R. Shop Worker in car department(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ira Burch(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43 (Years)(18) BIRTHPLACE Chestersfield S.C.(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

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

Physician Darlington S.C.

Given name added from a supplemental report

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

(27) Filed Jan 1, 1912 (28) [Signature] 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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