

MARGIN RESERVED FOR BINDING.
 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.

Form No. 1

(1) PLACE OF BIRTH

County of Lurleen

Township of

OR
 Inc. Town of

OR
 City of Lurleen

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

(2) Full Name of Child

Bernie May Hunter

File No.—For State Registrar Only

35208

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 16A

Registered No. 125

(For use of Local Registrar)

St. Ward

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 —

(6) Are Parents Married? no

(7) DATE OF BIRTH Oct 26 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ben Hunter

(9) PRESENT POSTOFFICE OF FATHER Lurleen

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 22
 (Years)

(12) BIRTHPLACE Lurleen

(13) OCCUPATION Dray man

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Dallas Bunnels

(15) PRESENT POSTOFFICE OF MOTHER Lurleen

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 19
 (Years)

(18) BIRTHPLACE Watauga

(19) OCCUPATION Cook

(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 12:30 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena Chaffell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lurleen

Given name added from a supplemental report

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

(27) Filed 11/4 22 (28) Chaffell 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.