

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

71891

Registration District No. 10000Registered No. 30

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Mabel Hunt

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? Yes(7) DATE OF BIRTH Aug 7 1914
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Mabel Hunt(9) PRESENT POSTOFFICE OF FATHER Grover N.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Grover N.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE F. J. B. Byles(15) PRESENT POSTOFFICE OF MOTHER Grover N.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 43 (Years)(18) BIRTHPLACE Grover N.C.(19) OCCUPATION Housewife(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 born alive at Grover N.C. (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) L. L. M. M. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Grover N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 7 1914

(28)

(29) J. A. Dickson 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.

MARGIN RESERVED FOR INDEXING.
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.

McCauley of Columbia