

FORM NO. 10. MARRIAGE RESERVED FOR BINDING. MAKE-UP PRESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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. McCraw of Columbia

(1) PLACE OF BIRTH
 County of Colleton
 Township of Bell
 or
 Inc. Town of
 or
 City of (No.)

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

File No.—For State Registrar Only
45898

Registration District No. 14.1.1 Registered No. 3
 (For use of Local Registrar)
 Sl.: Ward)

(2) Full Name of Child... Bessy Hunter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>L. M. Hunter</u>	(14) NAME BEFORE MARRIAGE <u>Carry Haynt</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Ruffin S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ruffin S.C.</u>			
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>41</u> (Years)			
(12) BIRTHPLACE <u>Colleton</u>	(18) BIRTHPLACE <u>Colleton</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>9</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Harris
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ruffin S.C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness L. W. Jones
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2-7-1916 (28) C. K. Zealand
 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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