

(1) PLACE OF BIRTH  
County of Colleton  
Township of Bell

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

File No.—For State Registrar Only  
**45898**

or  
Inc. Town of ..... Registration District No. 14.1 Registered No. 3  
(For use of Local Registrar)  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Bessy Hunter } 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 Jan. 31 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME L. M. Hunter  
(9) PRESENT POSTOFFICE OF FATHER Buffin S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years)  
(12) BIRTHPLACE Colleton  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 7

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Carry Haynt  
(15) PRESENT POSTOFFICE OF MOTHER Buffin S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 41 (Years)  
(18) BIRTHPLACE Colleton  
(19) OCCUPATION House Work  
(21) Number of children of this mother now living, including present birth 9

**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 (25) Address of Physician or Midwife

Midwife Buffin 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. Ireland  
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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