

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Fair  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 305

File No. - For State Registrar Only

84261

Registered No. 721  
(For use of local Registrar)

(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

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 Nov 28, 1906  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Hunter  
 (9) PRESENT POSTOFFICE OF FATHER Farmville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Conce Co S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Jacobs  
 (15) PRESENT POSTOFFICE OF MOTHER Farmville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Anderson Co S.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1(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 born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. H. Hays(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Farmville 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 Nov 30, 1906(28) P. W. Hays

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.