

ALL FATHERS OF CHILDREN USE A SEPARATE CARD FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Louis  
 Township of Brooks  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

86040

Registration District No 2501 Registered No. 95  
 (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 Sarah Ann Hunt { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct 30</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE Sarah Hunt

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Port-Harrellson

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY ..... (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Port

(18) BIRTHPLACE Port-Harrellson

(13) OCCUPATION

(19) OCCUPATION cook

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

James Johnson Port Harrellson

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

Brooks Registrar

(27) Filed Dec 1 1916 (28) S. J. Bourne 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.