

Form No. 1.

(1) PLACE OF BIRTH

County of Sumter

Township of Haffney Creek

or
Inc. Town of

City of (No. St.; Ward)
(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

44809

Registration District No. 4106 Registered No. 99
(For use of Local Registrar)

(2) Full Name of Child. Joseph 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 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 2 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Burrell Hunter

(9) PRESENT POSTOFFICE OF FATHER Kembert S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(Year)

(12) BIRTHPLACE Sumter Co S.C.

(13) OCCUPATION Field Labour

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Kembert

(15) PRESENT POSTOFFICE OF MOTHER Kembert S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Sumter Co S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Katy X. Kembert

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Kembert S.C.

Given name added from a supplemental report
191.....
Registrar

(26) Witness W. C. Halsey
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 1915 (28) W. C. Halsey
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 BINDING.
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.

McCaw, of Columbia.