

(1) PLACE OF BIRTH A

County of Union

Township of

or

Inc. Town of

or

City of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Elizabeth C. Hutcherson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

6/6/32

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME

Esau Hutcherson

(14) NAME BEFORE MARRIAGE

Silvestro Horvath

(9) PRESENT POSTOFFICE OF FATHER

Union, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Union, S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

26

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Pack Co. N.C.

(18) BIRTHPLACE

Spartanburg, S.C.

(13) OCCUPATION

Self Operating

(19) OCCUPATION

Domestic

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

5

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive or stillborn

at 5 P. M.

on the date above stated.

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9-10-22

(28) Local Registrar

[Signature]

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.