

(1) PLACE OF BIRTH

County of OrangeburgTownship of Springfield

or

Inc. Town of

or

City of

(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

Registration District No. 3607

File No. — For State Registrar Only

19683

Registered No. 44
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Lissee Marcel Hutto

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 14, 1968
(Month) (Day) (Year)

FATHER

(8) FULL NAME

Julian Hutto

(9) PRESENT POSTOFFICE OF FATHER

Springfield

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Richie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Springfield

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Black at 7 P.M., on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Carol Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Med Wife Springfield

Given name added from a supplemental report

(26) Witness

J. M. Garrett
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

June 1968

(28)

J. M. Thompson

Local Registrar