

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH EXPANDING 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.

(1) PLACE OF BIRTH
 County of Aiken
 Township of Dress
 or Town of Warrenville
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)
 Registration District No. 204 Registered No. 92
 (For use of Local Registrar)

(2) Full Name of Child Hutto If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Age or Years 2 (5) Number by order of birth yes (6) DATE OF BIRTH Oct 2nd 1923
 To be entered only in case of Twins or Triplets (Name of Month) (Day) (Year)

(7) FATHER'S NAME Daniel A. Hutto
 (8) PRESENT RESIDENCE OF FATHER Warrenville, S.C.
 (9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 28
 (11) BIRTHPLACE Bamberg, S.C.
 (12) OCCUPATION Textile
 (13) Number of children born to mother, including present birth 13

(14) MOTHER'S NAME BEFORE MARRIAGE Emma Lee Hutto
 (15) PRESENT RESIDENCE OF MOTHER Warrenville, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Orangeburg Co.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6-30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. R. Turnbull, M.D.
 (23) State Physician or Midwife (24) Address of Physician or Midwife Granville, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Oct 8 1923 (27) 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.

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