

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate)

1. PLACE OF BIRTH
 County of Orangeburg
 Township of.....
 or
 Inc. Town of Bowman, S.C.
 or
 City of..... (No.....St.;.....Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No.....Registered No.....
 (For use of Local Registrar)

FILE No.—For State Registrar Only
22 049284

2. FULL NAME OF CHILD Maggie Lurene Hutchins
 (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl girl If Plural Births (5. Number, in order of birth.....) 4. Twin, triplet or other..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth Nov. 22, 1922
 (Month, day, year)

9. Full name Jesse Benjamin Hutchins FATHER 18. Name before marriage Maggie Elizabeth Cook MOTHER

10. Residence (mailing address) Bowman, S.C. (If non-resident, give place and State) 19. Residence (mailing address) Bowman, S.C. (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 43 (Years) 20. Color or race white 21. Age at last birthday 42 (Years)

13. Birthplace (city or place) Orangeburg Cty. S.C. (State or country) 22. Birthplace (city or place) Bowman, S.C. (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work....., 19.....		25. Date (month and year) last engaged in this work....., 19.....
	17. Total time (years) spent in this work.....		26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months..... weeks..... 29. Cause of stillbirth..... (Before labor..... During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:30p.m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician) or midwife, then the father, householder, etc., should make this return.

(Signed) W. L. Heaner /s/, M.D.

Given name added from a supplementary report..... (Date of).....

or....., Midwife.
 Address Orangeburg, S.C.

Filed 9-5, 1947 Thos. P. Lesensne Registrar.

Registrar.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
 J. MARION SIMS BUILDING — 2600 BULL STREET
 COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, M.D.
 Commissioner and State Registrar

Paris M. Byars
 Assistant State Registrar