

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 <u>Orangeburg</u> Township of or Inc. Town of <u>Bowman, S.C.</u> 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 <u>Maggie Lurene Hutchins</u> If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>girl</u>	If Plural births	4. Twin, triplet or other 5. Number, in order of birth	6. Premature Full term	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Nov. 22</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>Jesse Benjamin HUTCHINS</u>			18. Name before marriage <u>Maggie Elizabeth COOK</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Bowman, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Bowman, S.C.</u>		
11. Color or race <u>white</u>		12. Age at last birthday <u>43</u> (Years)	20. Color or race <u>white</u>		21. Age at last birthday <u>42</u> (Years)
13. Birthplace (city or place) (State or country) <u>Orangeburg Cty. S.C.</u>			22. Birthplace (city or place) (State or country) <u>Bowman, S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, 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			25. Date (month and year) last engaged in this work		
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 <u>5</u> (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 <u>born alive</u> at <u>9:30p.m.</u> 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) <u>W. L. Heaner /s/</u> , M.D. or Midwife. Given name added from a supplementary report (Date of) Address <u>Orangeburg, S.C.</u> Filed <u>9-5</u> , 19 <u>47</u> <u>Thos. P. Lesensne</u> 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
 Commissioner and State Registrar

Doris M. Byars
 Assistant State Registrar