

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

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

File No.—For State Registrar Only

40000

Registration District No. 1707Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child

(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 case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

July 29, 1923

FATHER.

(8) FULL NAME

Samuel B. Hutton

(9) PRESENT POSTOFFICE OF FATHER

Summerville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Household Work

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

2 or 5

(14) NAME BEFORE MARRIAGE

Sandra P. Shuler

(15) PRESENT POSTOFFICE OF MOTHER

Summerville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

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

2 or 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born born alive at 7:27 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

19 Registrar

(27) See(28) P. J. A. W. TON 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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