

(1) PLACE OF BIRTH

County of Barnberg
 Township of Buford Bridge
 or
 Inc. Town of Clas
 or
 City of S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

37247

Registration District No. 401 Registered No. 123
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(3) SEX OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 14 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet.

FATHER.

(8) FULL NAME Lonny Hutson

(9) PRESENT POSTOFFICE OF FATHER Clas S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE Barnberg Co

(13) OCCUPATION Public work

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Coleman

(15) PRESENT POSTOFFICE OF MOTHER Clas S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20
 (Years)

(18) BIRTHPLACE Barnberg Co

(19) OCCUPATION Public work

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Ann Adam

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Clas S.C.

Given name added from a supplemental report

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

(27) Filed Nov 17 1922 (28) J. E. Bennett 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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