

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of North
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 3617 Registered No. 73
 (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 Ed. Dutton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) 2nd or 3rd (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH 1/27
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Ed. Dutton
 (9) PRESENT POSTOFFICE OF FATHER Lowndes
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE Pa Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Mary Ellen Dutton
 (15) PRESENT POSTOFFICE OF MOTHER Lowndes
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years)
 (18) BIRTHPLACE Pa Co
 (19) OCCUPATION Domestic
 (21) 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 at 5:45 M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Mary Ellen Dutton(24) State whether Physician or Midwife (By Address of Physician or Midwife) Lowndes

Given name added from a supplement-
 (al report)

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

(26) Filed 1/27 (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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 (Name of Month) (Day) (Year)
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 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY
 (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth
 MOTHER
 (14) NAME BEFORE MARRIAGE
 (15) PRESENT POSTOFFICE OF MOTHER
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 Given name added from a supplement-
 (al report)
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 (Signature of Witness necessary only when question 23 is signed by mark)
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