

FORM NO. 3.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

76074

County of *Catawba*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Church*

or Inc. Town of *Parish*

Registration District No. *901*

Registered No. *29*
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Chas. Hutchinson*

If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|--|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <i>Male</i> | (4) Twin or Triplet? <small>To be answered only in event of Twins or triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Sept. 25 - 1916</i> <small>(Name of Month) (Day) (Year)</small> |
|------------------------------|--|------------------------------|-------------------------------------|---|

FATHER.

MOTHER.

(8) FULL NAME *Abraham Hutchinson*

(14) NAME BEFORE MARRIAGE *Annie Thompson*

(9) PRESENT POSTOFFICE OF FATHER *Mt Pleasant SC*

(15) PRESENT POSTOFFICE OF MOTHER *Mt Pleasant SC*

(10) COLOR OR RACE *W.C.P.*

(16) COLOR OR RACE *W.C.P.*

(12) BIRTHPLACE *Church Parish*

(18) BIRTHPLACE *Catland Plantation*

(13) OCCUPATION *Farming*

(19) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *2*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Midwife

(23) (Signature) *Bess Brown*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Mt Pleasant SC*

Given name added from a supplemental report

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

(27) Filed *Sept 30 1916* (28) *Bess Brown* 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.