

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.

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76074

Registered No. 29
 (For use of Local Registrar)

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

FATHER.

(8) FULL NAME *Abraham Hutcheson*

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

(10) COLOR OR RACE *Caucasian* (11) AGE AT LAST BIRTHDAY *39*
 (Years)

(12) BIRTHPLACE *Church Church Parish*

(13) OCCUPATION *Farming*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Thompson*

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

(16) COLOR OR RACE *Man* (17) AGE AT LAST BIRTHDAY *32*
 (Years)

(18) BIRTHPLACE *Catland Plantation*

(19) OCCUPATION *Farming*

(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 *born* at *12* M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Midwife

(23) (Signature) *Bruce Brown*

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

Given name added from a supplemental report

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Registrar

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

(27) Filed *Sept 30 1916* (28) *B. Thompson* 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.