

## (1) PLACE OF BIRTH

County of Charleston S.C.Township of "Inc. Town of "City of Charleston S.C.

(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

No. 541 - For State Registrar

541

168

Registration District No. 9A Registered No. 168

(For use of Local Registrar)

(No. 93 Congress St. 1 Ward)(2) Full Name of Child Bessie Lottie Hutchinson If child is not yet named, make supplemental report as directed(3) SEX OR Girl (4) Type One (5) Age yes (6) DATE OF BIRTH Jan 23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Edward L. Hutchinson(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth Five

## MOTHER

(10) NAME BEFORE MARRIAGE Livia Montiel(11) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 27 (Year)(14) BIRTHPLACE Charleston S.C.(15) OCCUPATION House wife(16) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 6:40 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(21) (Signature) Livia Montiel(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife 52 W. 1st St.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 20 is signed by mark)

(25) Filed 1/23 (26) Local Registrar

When there was no attending physician or midwife, then the father, head of the household, or the mother, if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

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