

## (1) PLACE OF BIRTH

County of FluenceTownship of Fluenceor  
Inc. Town of Fluenceor  
City of Fluence

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

(2) Full Name of Child Janette Laron McCutchen

File No.—For State Registrar Only

42779

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A Registrar No. 270

(For use of Local Registrar)

No. 421 W. Palmetto St. 4 Ward

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

(3) ~~SEX~~ OR  
GIRL?(4) Twin  
or Triplet? ☒(5) Number in  
order of birth 4(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTHDec. 11

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Laron Borne McCutchen(9) PRESENT  
POSTOFFICE  
OF FATHER Fluence S.C. 421 W. Palmetto(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 46  
(Years)(12) BIRTHPLACE  
Williamsburg County S.C.(13) OCCUPATION  
A.C.R. Conductor(20) Number of children born to  
mother, including present birth four

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Emma Gordon(15) PRESENT  
POSTOFFICE  
OF MOTHER Fluence S.C. 421 W. Palmetto(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 37  
(Years)(18) BIRTHPLACE  
Williamsburg County S.C.(19) OCCUPATION  
Domestic(21) Number of children of this mother  
now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:10 A.M.,  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Dr. M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M. D. 7 Fluence S.C.Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Dec. 18, 1915 (28) 6. C. Craft M.D.  
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.\*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.

McCaw, of Columbia.

WRITING PLAINLY, WITH INK, IN A READABLE HAND. THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED IN ANY OTHER MANNER. IT IS NOT TO BE USED IN ANY OTHER MANNER. IT IS NOT TO BE USED IN ANY OTHER MANNER.

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