

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

40047

County of Dorchester STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthTownship of Proger
or
Inc. Town of _____Registration District No. 1705 - Registered No. 83
(For use of Local Registrar.)City of _____ (No. _____) (Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Pearl Beatrice Hutto (If child is not yet named, make supplemental report as directed)(3) SEX OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME A. F. Hutto
(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Green McAlhany
(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born alive at _____ M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. F. Hutto

(24) Sign whether Physician or Midwife

(25) Address of Physician or Midwife

Father of Child Reevesville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 8 1924 (28) E. C. Fairbank 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.