

(1) PLACE OF BIRTH  
County of Richland  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**16479**

Inc. Town of ..... Registration District No. 38 Registered No. 1402  
or .....  
City of Columbia (No. 2227 Piedmont 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 Herbert C. Hutton } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 14 22  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Herbert C. Hutton  
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth } 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Martha Hopton  
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Ida  
(19) OCCUPATION —  
(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 alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. D. Hopton  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia 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 6/12/1922 (28) 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.

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