

File:36208

Form No. 3

aih

8-5-47

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 CHLD., and mark the  
 FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.

## 1. PLACE OF BIRTH

County of Orangeburg

Township of \_\_\_\_\_

or

Inc. Town of Bowman, SC

or

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

Maggie Lurene Hutchins

FILE No.—For State Registrar Only

02807

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3602Registered No. \_\_\_\_\_  
(For use of Local Registrar)

St.; \_\_\_\_\_ Ward)

3. BOY OR  
GIRLgirl4. Twin or  
Triplet?

To be answered only in event of Twins or Triplets

5. Number in order  
of birth6. Are  
Parents  
Married?yes

7. DATE

2219 22

(Name of \_\_\_\_\_ (Day) (Year))

8. FULL  
NAMEJesse Benjamin Hutchins9. ADDRESS AT  
CHILD'S BIRTHBowman, SC10. COLOR  
OR  
RACEWhite11. AGE AT CHILD'S  
BIRTH 43

(Years)

12. BIRTHPLACE

Orangeburg Co., SC

13. OCCUPATION

Farmer20. Number of children born to  
mother, including present birth514. NAME BEFORE  
MARRIAGEMaggie Elizabeth Cook15. ADDRESS AT  
CHILD'S BIRTHBowman, SC16. COLOR  
OR  
RACEWhite17. AGE AT MOTHER'S  
BIRTH 42

(Years)

18. BIRTHPLACE

Bowman, SC

19. OCCUPATION

Housewife21. Number of children by this mother  
now living, including present birth5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature W. S. Weaver

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Orangeburg, S.C.

Given name added from a supplemental report

19. \_\_\_\_\_

26. Witness

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

27. Filed

9-519 4728. Thos. P. Lesesne

Local Registrar

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.

2032