

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 _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3602

FILE No.—For State Registrar Only

02807Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD

Maggie Lurene HutchinsIf child is not yet named, make
supplemental report as directed.3. BOY OR
GIRLgirl4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married?yes

7. DATE

2222

(Name of)

(Day)

(Year)

To be answered only in event of Twins or Triplets

FATHER

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 birth521. Number of children by this mother
now living, including present birth514. NAME BEFORE
MARRIAGEMaggie Elizabeth Cook15. ADDRESS AT
CHILD'S BIRTHBowman, SC16. COLOR
OR
RACEWhite17. AGE AT CHILD'S
BIRTH 42

(Years)

18. BIRTHPLACE

Bowman, SC

19. OCCUPATION

Housewife

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. L. Meador

24. State whether Physician or Midwife

25. Address of Physician or Midwife

PhysicianOrangeburg, SC

Given name added from a supplemental report

19. _____

26. Witness _____

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

27. Filed _____

9-54728. 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