

Form No. 1

(1) PLACE OF BIRTH

County of Chapelburg
Township of Providenceor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

36005

Registration District No. 3614 Registered No. 128
(For use of Local Registrar)(2) Full Name of Child Hazel Wilma Hutto If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 16, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME L. M. Hutto(9) PRESENT POSTOFFICE OF FATHER Parlor 8C(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Vesta E. Daugherty(15) PRESENT POSTOFFICE OF MOTHER Parlor 8C(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION none(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Haskins, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Holly Hill, S.C.

Given name added from a supplemental report

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

(27) Oct 18, 1922 D. S. Haskins 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.