

(1) PLACE OF BIRTH
County of Anderson
Township of For K

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

File No.—For State Registrar Only
47993

Inc. Town of Registration District No. 305 Registered No. 22
(For use of Local Registrar)
City of (No. 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. Sallie Oakley Hutchins
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girls (4) Twin or Triplet? None (5) Number in order of birth 8 (6) Are Parents Married? no (7) DATE OF BIRTH Feb. 22, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sam Davis
(9) PRESENT POSTOFFICE OF FATHER Townville SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Anderson Co SC
(13) OCCUPATION Farmer
(16) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Allie Hutchins
(15) PRESENT POSTOFFICE OF MOTHER Townville SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Anderson Co SC
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Binky T. Kelley
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Townville SC

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness R. H. McClain
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed mar 10, 1916 (28) R. H. McClain
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.

FORM NO. 4
MAY 1915
N. C. W. of Columbia
HARRIS REGISTERED IN THE BIRMINGHAM
WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. C. W.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.