

## (1) PLACE OF BIRTH

County of FlorenceTownship of haveror  
Inc. Town of .....

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 Henry M. Cutchner

File No. — For State Registrar Only

42383

Registration District No. 2008Registered No. 149  
(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 10 1922</u> (Name & Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henry H. M. Cutchner(9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE Wmsburg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Curri Matthews(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Wmsburg Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. L. Whitehead(24) State whether Physician or Midwife. physician (25) Address of Physician or Midwife Lake City

Given name added from a supplemental report

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

(27) Filed 1/11 1923 (28) R. L. Carter 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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