

(1) PLACE OF BIRTH

County of Portland
Township of Beach Springs
or
Inc. Town of
or
City of

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

File No. For State Registrar Only
74716

Registration District No. 1006 Registered No. 124
(For use of Local Registrar)

(2) Full Name of Child Helen Caroline Hutchison
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 15 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Fred P. Hutchison
(9) PRESENT POSTOFFICE OF FATHER Greer SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Fireman at Cotton Mill
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Ellie Brady
(15) PRESENT POSTOFFICE OF MOTHER Greer SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (How, A.M. or P.M.)
on the date above stated.
(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greer SC

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by him) [Signature]
(27) File at 1916 (28) Local Registrar [Signature]

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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