(1) PLACE OF BIRTH

County of Anderson

Township of Varennes

or

Inc. Town of .....

or

City of Anderson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 12895

Registration District No. ..... Registered No. 17 (For use of Local Registrar)

(No. 432 Fell St. 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: Wm. Martin Huckett (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: X

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married: yes

(7) DATE OF BIRTH: May 30, 1929 (Name of month) (Day) (Year)

FATHER.

(8) FULL NAME: Eugene Earl Huckett

(9) PRESENT POSTOFFICE OF FATHER: Anderson S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Pickens Co S.C.

(13) OCCUPATION: Laborer

(14) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Ollie Hutchinson

(15) PRESENT POSTOFFICE OF MOTHER: Anderson S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 19 9/12 (Years)

(18) BIRTHPLACE: Powell Co S.C.

(19) OCCUPATION: Housewife

(21) 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 alive (Born alive or stillborn) at 7:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Wade Throckmorton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Anderson S.C.

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed June 22 1929 (28) [illegible] 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.

..... 19 .... Registrar

(27) Filed ..... (28) ..... Local Registrar.

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