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6/22/01

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Registration Dist. No. 206 **STANDARD CERTIFICATE OF LIVE BIRTH** **16 092900**
 Division of Vital Statistics—State Board of Health
 Registrar's No. _____ State of South Carolina State File No. _____

1. PLACE OF BIRTH
 (a) County Aiken
 (b) City or town Sievern S C Rural Wagner
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, give street number or location)
 (d) Mother's stay before delivery: Rural
 In hospital or institution _____ In this community _____
 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER
 South Carolina
 (a) State Aiken
 (b) County Sievern
 (c) City or town Rural
 (If outside city or town limits, write RURAL)
 (d) Street No. Sievern
 (If rural, give location)

3. Full name of child L. B. Hutto If child not yet named, leave blank
 4. Sex: male 5. Twin or triplet _____ If so—born 1st 2d, or 3d _____ 6. Number months of pregnancy 9 7. Date of birth May 26 1916
 (Month) (Day) (Year)

FATHER OF CHILD
 8. Full name Loyt Hutto 10. Age at time of this birth 25 yrs.
 9. Color or race white 11. Birthplace Sievern Rural S. C.
 (City, town, or County) (State or foreign country)
 12. Usual occupation Farming 13. Industry or business _____
 MOTHER OF CHILD
 14. Full maiden name Eunice Kirkland Hutto 16. Age at time of this birth _____ yrs.
 15. Color or race white 17. Birthplace Saluda County S. C.
 (City, town, or County) (State or foreign country)
 18. Usual occupation House keeper 19. Industry or business _____

20. Children born to this mother:
 (a) How many other children of this mother are now living? 2
 (b) How many other children were born alive but are now dead? None
 (c) How many children were born dead? None

21. Mother's mailing address for registration notice:
Elko S C Rfd No 1

22. Were drops put in baby's eyes? no (Yes or no)
 24. Congenital deformities? no If yes, describe (Yes or no)

23. Was prenatal blood test for syphilis made? no (Yes or no)
 25. Birth injury? no If yes, describe (Yes or no)

Date of test June 1, 1916 (Name of laboratory)
 26. Weight at birth _____ lbs. _____ oz.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ on the date above stated.

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return.

Give name added from midwife dead
 a supplementary report _____ (Date of)

(Signed) Eunice Kirkland Hutto Parent

or _____, Guardian

Address Elko S C RFD I

Filed 9.8, 19 50 J. F. Jensen

State Registrar

Local Registrar