

(1) PLACE OF BIRTH

County of FlorenceTownship of Leakeor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42832

Registration District No. 200.9 Registered No. 117

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kelly Elijah McCutcher

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 20, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas Claude McCutcher(9) PRESENT POSTOFFICE OF FATHER Scranton(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Williamsburg(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Lorena Cathline Conrad(15) PRESENT POSTOFFICE OF MOTHER Scranton(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Williamsburg(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(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 alive, at Scranton, on the date above stated.(23) (Signature) H. J. Whithead M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Leake City, S.C.

Given name added from a supplemental report

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

(27) Filed 11/3 1916 (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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MAKING RETURN FOR THIS CHILD. THIS IS A PERMANENT RECORD. 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 5.

FILED IN

McCaw, of Columbia