

(1) PLACE OF BIRTH

County of AllendaleTownship of William

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
19727Registration District No. 4605 Registered No. 323
(For use of Local Registrar)(2) Full Name of Child Lawrence Hutcherson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 11, 1928</u> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Thomas Hutcherson</u>	(14) NAME BEFORE MARRIAGE <u>Clara Linnen</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Estill</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Estill SC</u>
(10) COLOR OR RACE <u>Caucasian</u>	(16) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>Baptist SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to father, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(If child is still born) (Hour A. M. & P. M.)(23) (Signature) Sarah Hutcherson
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Estill SC

Given name added from a supplemental report	(25) Witness <u>My wife Estill SC</u> (Signature of Witness necessary only when question 22 is signed by mark)
	(26) <u>July 18, 1928</u> (27) <u>Q. House</u> 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.