

(1) PLACE OF BIRTH

County of Granfield

Township of

or Inc. Town of

or 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 Health

File No.—For State Registrar Only

42265

Registration District No. 1910 Registered No. (For use of Local Registrar)

(2) Full Name of Child Louise Hutchinson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE BIRTH Mar 19 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cherby Hutchinson

(9) PRESENT POSTOFFICE OF FATHER Brasenow SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Granfield Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Starks

(15) PRESENT POSTOFFICE OF MOTHER Brasenow SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Granfield Co

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jerry Starks

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brasenow

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

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

(27) Filed 12/4/22 19122 (28) J. J. ... 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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