

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Rock Hill  
(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  
**32705**

Registration District No. 44B Registered No. 175  
(For use of Local Registrar)

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

(3) BOY OR GIRL B (4) Twin or Triplet? X (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19, 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Hill Hutchinson  
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.  
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 49  
(Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 9

MOTHER.

(14) NAME BEFORE MARRIAGE Cara Turner  
(15) PRESENT POSTOFFICE OF MOTHER .....  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 46  
(Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Dom.  
(21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. May Jr.  
(24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife Rock Hill S. C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 10/27 19 22 (28) J. H. M. 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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