

7107 Aug. 12-29-44

MARGIN RESERVED FOR BINDING

Write plainly, with unfading ink - This is a permanent record.
N. B. - 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.

1 PLACE OF BIRTH

County of Orangenburg
Township of Orange
or
Inc. Town of _____
or
City of Orangenburg R.F.C.

CERTIFICATE OF BIRTH

State of South Carolina
Bureau of Vital Statistics
State Board of Health

FILE NO. FOR STATE REGISTRAR ONLY

22 049267

Registration District No. 3613 _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. _____ St.; _____ Ward)
(If child is not yet named, make supplemental report as directed)

2 Full Name of Child Angie Rae Hutto

3 Boy or Girl? girl 4 Twin or Triplet? - 5 Number in order of birth - 6 Are Parents Married? Yes 7 Date of Birth July 4 1942
(Name of Month) (Day) (Year)

FATHER
8 Full Name Lewis Hutto
9 Present Postoffice of Father Orangenburg S.C. R.F.S.
10 Color or Race white 11 Age at last Birthday 26 (Years)
12 Birthplace S.C.
13 Occupation Welder
20 Number of children born to mother, including present birth (2)

MOTHER
14 Name before Marriage Helen Elizabeth James
15 Present Postoffice of Mother Orangenburg S.C. R.F.S.
16 Color or Race white 17 Age at last Birthday 20 (Years)
18 Birthplace S.C.
19 Occupation Domestic
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 6 a. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23 Signature A. J. Green 24 State whether Physician or Midwife _____ 25 Address of Physician or Midwife Orangenburg S.C.

Given name added from a supplemental report

_____, 19____
Registrar

26 Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
27 Filed Jan 5 1945 28 L.A. Riser, M.D. 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.