

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 8.

(1) PLACE OF BIRTH

County of Flambee  
 Township of Hammuk  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. — For this Register only  
**21002**

Registration District No. 2016 Registered No. .... 21 .....  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 22, 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Leitch Tibman Hutchinson</u>			(9) NAME BEFORE MARRIAGE <u>Annie Reta Poston</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Kingsburg S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Kingsburg S.C.</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(16) BIRTHPLACE <u>SC</u>			(17) BIRTHPLACE <u>South Carolina</u>	
(18) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive, at 2 P.M. on the date above stated.

(23) (Signature) N. N. Poston  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Pamphlet, S.C.

Given name added from a supplemental report

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

(27) Filed July 25, 1923 (28) N. N. Poston  
 Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person should make this return. If a child breathes even once, it must not be reported as stillborn. No report required of stillbirths before the fifth month of pregnancy.

Bureau of Columbia, Columbia, S. C.