

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of AndersonTownship of Chick

OR

Inc. Town of

OR

City of Chick

(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

40551

Registration District No. 2ARegistered No. 69

(For use of Local Registrar)

(2) Full Name of Child Alberta Dutton

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Leggett Dutton(9) PRESENT POSTOFFICE OF FATHER Chick S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Electrician(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Dutton(15) PRESENT POSTOFFICE OF MOTHER Chick S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Housewife(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 born at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hester W. W. W.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/9/22 1922(28) W. W. W. 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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