

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Spartanburg*
 or
 Inc. Town of *Whitney*
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

8580

Registration District No. *4008* Registered No. *48*
 (For use of Local Registrar)

City of (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 *Thomas Ruford Hutcheson*

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

| | | | | |
|--|--|---------------------------------|---|---|
| (3) BOY OR GIRL <i>Boy</i> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <i>yes</i> | (7) DATE OF BIRTH <i>Feb 18 1923</i> (Name of Month) (Day) (Year) |
| FATHER (8) FULL NAME <i>Howard Hutcheson</i> | | | MOTHER (9) NAME BEFORE MARRIAGE <i>Emily Kirkpatrick</i> | |
| (10) PRESENT POSTOFFICE OF FATHER <i>Whitney SC</i> | | | (10) PRESENT POSTOFFICE OF MOTHER <i>Whitney SC</i> | |
| (11) COLOR OR RACE <i>White</i> | (11) AGE AT LAST BIRTHDAY <i>21</i> (Year) | (11) COLOR OR RACE <i>White</i> | | |
| (12) BIRTHPLACE <i>NC</i> | | (12) BIRTHPLACE <i>NC</i> | | |
| (13) OCCUPATION <i>Cotton mill operator</i> | | | (13) OCCUPATION <i>Housework</i> | |
| (14) Number of children born to mother, including present birth <i>1</i> | | | (14) Number of children of this mother now living, including present birth <i>1</i> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *14* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. H. Chapman*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Whitney SC*

Given name added from a supplemental report

Thomas Ruford Hutcheson

7/9/45

19
Registrar

(26) Witness

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

(27) Filed *Mar. 15 1923* (28) *Mrs. C. T. Tucker*
 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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