

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADE INK.—THIS IS A PERMANENT RECORD.  
 M.—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.

City of Columbia  
 S. C.

## (1) PLACE OF BIRTH

County of BarnwellTownship of BarnwellInc. Town of BarnwellCity of Barnwell

(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

48116

Registration District No. 501Registered No. 15

(For use of Local Registrar)

St. St. Ward Ward2) Full Name of Child William H. Hutto

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH July 21 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. H. Hutto

(9) PRESENT POSTOFFICE OF FATHER

Barnwell S. C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38 Years

(12) BIRTHPLACE

Barnwell Co.

(13) OCCUPATION

Rail Road Service

(14) Number of children born to mother, including present birth

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Wm. Hutto

(15) PRESENT POSTOFFICE OF MOTHER

Barnwell S. C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21 Years

(18) BIRTHPLACE

Barnwell Co.

(19) OCCUPATION

Cook

(20) Number of children of this mother now living, including present birth

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. Hutto

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeBarnwell S. C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 29 1916(28) R. L. Kirkland 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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