

(1) PLACE OF BIRTH

County of DaguerreTownship of BlacksvilleInc. Town of BlacksvilleCity of Blacksville

(If birth occurs in a hospital or other institution, give name of institution and street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

2910

Registration District No. 5.9.4 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

Henry Lenz Hutzog

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

(a) SEX OF CHILD

(b) Type of Birth

(c) Number in Family

(d) Age of Child

(e) DATE OF BIRTH

May 29, 1923

FATHER.

(a) FULL NAME

Isadore Hutzog

(b) PRESENT RESIDENCE OF FATHER

Blacksville S.C.

(c) COLOR OR RACE

White

(d) AGE AT LAST BIRTHDAY

28

(e) BIRTHPLACE

Darmwell Co

(f) OCCUPATION

Farmer

MOTHER.

(a) FULL NAME

Emily Jane Deek

(b) PRESENT RESIDENCE OF MOTHER

Blacksville S.C.

(c) COLOR OR RACE

White

(d) AGE AT LAST BIRTHDAY

34

(e) BIRTHPLACE

Darmwell Co

(f) OCCUPATION

Housewife

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

9

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(1) I hereby certify that I attended the birth of this child, who was born at Blacksville S.C. on the date above stated. (born alive or stillborn) (Hour, M. or P.)(2) (Signature) D. L. Hutzog

(3) State whether Physician or Midwife

(4) Address of Physician or Midwife

Given under oath of office and report

(5) Witness

(Signature of Witness necessary only when question 5 is signed by mark)

(6) Date Feb. 10, 1923 (us) U. H. Hutzog

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must be reported to the State Board of Health.