

(1) PLACE OF BIRTH

County of Richland
 Township of Calumet

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18940

Inc. Town of Registration District 23 Registered No. 103
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marcell Hutchinson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 10
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William James Hutchinson(9) PRESENT POSTOFFICE OF FATHER Calumet(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
 (Years)(12) BIRTHPLACE Calumet(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Marcella Smith(15) PRESENT POSTOFFICE OF MOTHER Calumet(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Years)(18) BIRTHPLACE Calumet(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at Calumet on the date above stated, (Hour A. M. or P. M.) 10 P.(23) (Signature) W. J. Sloan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Calumet

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 Jan 29, 1895 (28) W. J. Sloan Registrar

If 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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