

## (1) PLACE OF BIRTH

County of

Williamsburg

Township of

Amherst

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9424

Registration District No. 1420

Registered No. 8

(For use of Local Registrar)

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

(2) Full Name of Child *Olivia McCutchen*

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

Name of Month (Day) (Year)

## FATHER

(8) FULL NAME

*Edg. McCutchen*

(9) PRESENT POSTOFFICE OF FATHER

*Trus*

(10) COLOR OR RACE

*Coe*

(11) AGE AT LAST BIRTHDAY

*28*

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Farmer*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Alice Bright*

(15) PRESENT POSTOFFICE OF MOTHER

*Trus SC*

(16) COLOR OR RACE

*col*

(17) AGE AT LAST BIRTHDAY

*23*

(18) BIRTHPLACE

*SC*

(19) OCCUPATION

*Farmer*

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

*16*

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

*14*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9* (Born alive or stillborn.) (Hour *AM* or P. M.) on the date above stated.

(23) (Signature)

*Sellie Warren*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Trus SC*

Given name added from a supplemental report

(26) Witness

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

(27) File

*3 14 1922*

(28)

*McCutchen*

Local Registrar

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.

Registrar

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