

* By Court Order. 2/20/75.

Form No. 1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Barnburg</u>		STATE OF SOUTH CAROLINA.		75695	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No.		Registered No.	
or		No.		(For use of Local Registrar)	
City of		* <u>Amie Hutto</u>		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. <u>Alice Hutto</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 15, 1916</u>	
To be answered only in case of twins or triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Ben Hutto</u>			(14) NAME BEFORE MARRIAGE <u>Monnie Bolter</u>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>white</u>			
(Years)		(17) AGE AT LAST BIRTHDAY <u>17</u>			
(12) BIRTHPLACE		(Years)			
(13) OCCUPATION			(18) BIRTHPLACE		
(20) Number of children born to mother, including present birth			(19) OCCUPATION		
(21) State whether Physician or Midwife			(22) I hereby certify that I attended the birth of this child, who was at M. on the date above stated.		
(23) (Signature)			(24) Address of Physician or Midwife		
(25) Address of Physician or Midwife			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>Sept 25, 1916</u>			(28) Local Registrar		

Given name added from a supplemental report

C.O. # 8202, 191...
Filed 3/19/75 Reg.
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.