

Form No. 1

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Cedar Spring  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

12537

Registration District No. 103Registered No. 11  
(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 Charles Joseph Hutchison

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number of order of birth 4 (6) Are Parents Married yes (7) DATE OF BIRTH May 6 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME C. H. Hutchison  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)  
 (12) BIRTHPLACE PA S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Martin  
 (15) PRESENT POSTOFFICE OF MOTHER W. H. S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 4 at 2:12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Marsh (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

(Given name added from a supplemental report)

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 6 1923 (28) W. H. Marsh 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Bureau of Columbia, Columbia, S. C.