

FORM NO. 1.

(1) PLACE OF BIRTH
 County of Georgetown
 Township of N. S.
 or
 Inc. Town of
 or
 City of (No. St.; Ward.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
85691

Registration District No. 2707 Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child Fildera Cuttino } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 29 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Cuttino

(9) PRESENT POSTOFFICE OF FATHER Rhens S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Georgetown S.C.

(13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Pringle

(15) PRESENT POSTOFFICE OF MOTHER Rhens S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Georgetown S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Langley

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rhens S.C.

Given name added from a supplemental report
 191...

 Registrar

(26) Witness S. W. Williams
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mon 26 1916 (28) G. P. Ellis
 Local Registrar

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.
 McCay, of Columbia.

*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.