

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

County of Sumter  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Sumter

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

FILE No. 23 048047

Registration District No. 41-a Registered No. \_\_\_\_\_  
(For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) Ward)

2. FULL NAME OF CHILD Lottie Mae Hutchinson

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	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>May 20</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>HARLEY ARTHUR HUTCHINSON</u>			14. NAME BEFORE MARRIAGE <u>BIRDIE AMY HATFIELD</u>	
9. ADDRESS AT CHILD'S BIRTH <u>207 NORTH WASHINGTON ST. SUMTER, S.C.</u>			15. ADDRESS AT CHILD'S BIRTH <u>207 NORTH WASHINGTON ST. SUMTER, S.C.</u>	
10. COLOR OR RACE <u>white</u>	11. AGE AT CHILD'S BIRTH <u>32</u> (Years)		16. COLOR OR RACE <u>White</u>	17. AGE AT CHILD'S BIRTH <u>33</u> (Years)
12. BIRTHPLACE <u>EFFINGHAM, S.C.</u>			18. BIRTHPLACE <u>CAMDEN, S.C.</u>	
13. OCCUPATION <u>INSURANCE COLLECTOR</u>			19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>5</u>			21. Number of children by this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was Born alive at 7:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature C. H. Andrews, M.D.

24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness \_\_\_\_\_

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

27. Filed May 24 1944 28. L. A. Riser, M.D.

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.