

(1) PLACE OF BIRTH

County of Florence
Township of Chusa
Inc. or Town of
City of
(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
85556

Registration District No. 2001 Registered No. 129
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME General W. Hutson
(9) PRESENT POSTOFFICE OF FATHER El Paso Texas
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Effingham St.
(13) OCCUPATION Soldier
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Lundy
(15) PRESENT POSTOFFICE OF MOTHER Hyman St.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Hyman St.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 am born at M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) R. M. Graham
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hampton St.

Given name added from a supplemental report 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled Dec. 1 1916 (28) E. L. Eloutgouary 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.

WHEN USING THIS FORM, PLEASE PRINT CLEARLY AND IN 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.
McGraw, 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.