

(1) PLACE OF BIRTH

County of FlorenceTownship of Chula

Inc. 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)

St.; Ward)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 13th 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME General W. H. 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 born alive at 10 am on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. M. Graham(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Ramphic St.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec. 1 1916 (28) E. L. Montgomery 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.

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McCAW, of Columbia

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.

THE PLANNED: WITH UNFADING INK—THIS IS A PERMANENT RECORD.