

## (1) PLACE OF BIRTH

County of FlourTownship of Immunsville

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

42874

Registration District No. 7010Registered No. 125  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 2  
(Name of Month) (Day) (Year)

## MOTHER

(8) FULL NAME Profess Jutton Howard(9) PRESENT POSTOFFICE OF FATHER Immunsville R7d(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Flourice Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Oline May Jutt(15) PRESENT POSTOFFICE OF MOTHER Immunsville R7d(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Flourice Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. P. Jutt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immunsville S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) 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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WHEN PLACING, WITH UNFOLDING TAB—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.

W.R.  
H.E. McCaw, of Columbia

McCaw