

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

2718

Registration District No. 4603

Registered No. 11
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Susan M. Hutton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb. 18, 1923

(Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME

Leah L. Hutton

(9) PRESENT POSTOFFICE OF FATHER

Lillendale SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

44

(Year)

(12) BIRTHPLACE

Lillendale County SC

(13) OCCUPATION

Farmer

(14) MOTHER'S NAME BEFORE MARRIAGE

L. J. Thomas

(15) PRESENT POSTOFFICE OF MOTHER

Lillendale SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

41

(Year)

(18) BIRTHPLACE

Lillendale County SC

(19) OCCUPATION

Farm Laborer

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M. on the date above stated.
(Describe alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Leah L. Hutton

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

Lillendale SC

Given name added from a supplemental report

Lillendale SC

Lillendale SC

Lillendale SC

Lillendale SC

Lillendale SC

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