

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. H.—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. McCaw, of Columbia

(1) PLACE OF BIRTH

County of Albermarle

Township of Rockingham

or  
Inc. Town of

or  
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

45167

Registration District No. 203

Registered No. 3

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child

Archie M. Mason, Hutto

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

1 31 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

E. H. Hutto

(14) NAME BEFORE MARRIAGE

Mary Still

(9) PRESENT POSTOFFICE OF FATHER

Wagoner St.

(15) PRESENT POSTOFFICE OF MOTHER

Wagoner St.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25

(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

A. I.

(18) BIRTHPLACE

A. I.

(13) OCCUPATION

Telephone Exchange

(19) OCCUPATION

House wife

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

1

(21) 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 born at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. E. Hutto

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

9/10 1916  
Chambers  
Suppy  
Registrar

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

(27) Filed 1-31-1916 (28) E. B. E. Hutto 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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