

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of Galileeor  
Inc. Town of .....or  
City of .....

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

## (2) Full Name of Child

Harry Hutchel

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec 22 1933

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Daniel Hutchel

(9) PRESENT POSTOFFICE OF FATHER

Laurens SC

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Road Hand

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Ann Jones

(15) PRESENT POSTOFFICE OF MOTHER

Laurens SC

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 40  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(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 8 P M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Fortune

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 31 1933(28) Matt D. Jones 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.

WHITE PLAINLY, WITH UNFADING 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 HILL, COLUMBIA, S. C.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

43100

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

(No. .... St.; .... Ward)