

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Mt. Croghan
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41676

Registration District No. 1205 Registered No. 83
 (For use of Local Registrar)

City of (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 Bonnie Catharine If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 15, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lincoln W. Sutton(9) PRESENT POSTOFFICE OF FATHER Wiley S.C. P# 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (Years)(12) BIRTH PLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Bess(15) PRESENT POSTOFFICE OF MOTHER Wiley S.C. P# 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41
 (Years)(18) BIRTH PLACE S.C.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour) (Day) (Year)

(23) (Signature) L. G. Maskin

(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 22 is signed by mark)

(27) Filed

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*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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.