

## (1) PLACE OF BIRTH

County of Lexington

Township of .....

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

4907

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

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Abner Suggs(9) PRESENT POSTOFFICE OF FATHER Luxville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Year)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Vera Craft(15) PRESENT POSTOFFICE OF MOTHER Luxville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Year)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at S.P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Gibson

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

M.D. Kateburg 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 ..... (28) .....  
Registrar 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.

before the fifth month of pregnancy.

MAISON RECOMMENDS FOR LENDING.

WHICH PLACES, WITH UNPAID ADVANCE IN A FURNISHING RECORD.

N. B.—In case of TWIN OR TRIPLETS, use a separate card for EACH CHILD, and mark the PRINTED, No. 1, 2, etc., in question 8.

MEAD OF COLUMBIA, COLLEGE, N. Y.