

(1) PLACE OF BIRTH

County of Sumpter

Township of

Inc. Town of

City of Varnville

(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

No. for State Registrar Only

40928

Registration District No. 74.P.2Registered No. 121
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child William H. Dutton

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>1</u>	(5) Number in order of birth <u>2</u>	(6) Age of Mother <u>yes</u>	(7) DATE OF BIRTH <u>Dec 23, 1923</u> (Month of birth) (Day) (Year)
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FATHER.

(8) FULL NAME W. H. Dutton(9) PRESENT POSTOFFICE OF FATHER Varnville(10) COLOR OR RACE white(11) BIRTHPLACE Indie(12) OCCUPATION house work(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hester priester(15) PRESENT POSTOFFICE OF MOTHER Varnville(16) COLOR OR RACE colored(17) BIRTHPLACE Varnville(18) OCCUPATION house work(19) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Sign alive or stillborn) (Sign A. M. or P. M.)(21) (Signature) mid wife addie Brown

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Date Dec 31, 1924 (26) J. H. Rogers 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.