

## (1) PLACE OF BIRTH

County of *Spartanburg*  
 Township of *Cherokee*  
 or  
 Inc. Town of *Walhalla*  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5205

Registration District No. *4008* Registered No. *34*  
 (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 *Ruby Suttles* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) *Two* (5) Number in order of birth *2* (6) Are Parents Married *yes* (7) DATE OF BIRTH *Feb 3 1923*  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Mark Suttles*  
 (9) PRESENT POSTOFFICE OF FATHER *Whitney SC*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40*  
 (12) BIRTHPLACE *SC*  
 (13) OCCUPATION *Cotton mill Operator*  
 (14) Number of children born to mother, including present birth *7*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Essie Manner*  
 (15) PRESENT POSTOFFICE OF MOTHER *Whitney SC*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30*  
 (18) BIRTHPLACE *SC*  
 (19) OCCUPATION *Housewife*  
 (21) Number of children of this mother now living, including present birth *0*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5-2* M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 14 1923* (28) *Mrs. C. F. Baker* 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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