

(1) PLACE OF BIRTH

County of Darlington
 Township of Antone

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18312

Inc. Town of Registration District No. 13.100 Registered No. 18
 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, James O'wys Suggs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH June 24 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Clarence Suggs
 (9) PRESENT POSTOFFICE OF FATHER Society Hill #1
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Darlington Co
 (13) OCCUPATION Farm
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lanny Belle Howles
 (15) PRESENT POSTOFFICE OF MOTHER Society Hill #1
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Darlington Co
 (19) OCCUPATION Farm
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Paws
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife W. D. Hartman & Co

Given name added from a supplemental report

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

(27) Filed July 18 22 (28) M. J. McKay 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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