

(1) PLACE OF BIRTH

County of

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

Registration District No.

File No.—For State Registrar Only

35450

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

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Month in year of birth

(6) Age of child at birth

(7) DATE OF BIRTH

(Name, Month, Day, Year)

FATHER

(8) FULL NAME

Horace Suffington

(9) PRESENT POSTOFFICE OF FATHER

McCruiick

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Estell Banks

(15) PRESENT POSTOFFICE OF MOTHER

McCruiick

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

McCruiick, S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 1:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. C. Harrison

(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 23 is signed by mark)

(27) Date

Aug 10 1922

(28)

B. D. Matthews

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.