

(1) PLACE OF BIRTH

County of SpartanburgTownship of Pacoletor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4006

File No.—For State Registrar Only

32292Registered No. 130
(For use of Local Registrar)(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 Herbert W. Sutton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-9-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert W. Sutton(9) PRESENT POSTOFFICE OF FATHER Trough, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Machinist(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Kirby(15) PRESENT POSTOFFICE OF MOTHER Trough, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 19 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Hickstatich(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Pacolet, 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 Oct. 1, 1922 (28) M. W. Brown 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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MAILED BY REGISTERED MAIL. THIS IS A PRELIMINARY REPORT. THE STATE BOARD OF HEALTH, COLUMBIA, S. C., WILL BE ADVISED BY MAIL. IF THE CHILD IS STILLBORN, 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.