

(1) PLACE OF BIRTH

County of Clarendon
 Township of Manning
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18239

Registration District No. 1307 Registered No. 28
 (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 James Louis Cuttage Jr. (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26, 1932
 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|-------------------------------------|-------------------------------------|
| (8) FULL NAME <u>James H. Cuttage Sr.</u> | (14) NAME BEFORE MARRIAGE <u>Carrie Richardson</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Manning S.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Manning S.</u> | | |
| (10) COLOR OR RACE <u>Negro</u> | (16) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>23</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> |
| (12) BIRTHPLACE <u>Clarendon Co</u> | (18) BIRTHPLACE <u>Clarendon Co</u> | | |
| (13) OCCUPATION <u>Farm</u> | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>Seven</u> | (21) Number of children of this mother now living, including present birth <u>Seven</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert G. Cuttage
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Manning S.

Given name added from a supplemental report

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

(27) Date July 4, 1932 (28) A. J. Smith Local Registrar.

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as a stillborn. No report is desired of stillbirths before the full month of pregnancy.