

PLACE OF BIRTH

County of Anderson
Township of Honok Pathor
In 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

File No.—for State Registrar Only

12834

Registration District No. 20.7 Registered No. 20

(For use of Local Registrar)

St. 1 Ward(No. 1)

If child is not yet named, make supplemental report as directed

Full Name of Child Leet Johnston SuttonNOT ON
CHILD(4) Twin
or triplet?(5) Number in
order of birth
to be entered only in case of twins or triplets(6) Are
Parents
Married Yes(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

MOTHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth(14) NAME AND
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:50 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 1, 1923

(28)

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.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.