

IN PLACE OF BIRTH

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27704

Residence of Cherian  
or  
M. Town of Cherian Registration District No. 12A Registered No. 154  
(For use of Local Registrar)

(1) If birth occurs in a hospital or other institution, give name of same instead of street and number. (2) If child is not yet named, make supplemental report as directed

Full Name of Child Loyd Cutner

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Sept. 4, 1923  
(Name of Month) (Day) (Year)

FATHER: Full Name Oliver Cutner (14) NAME BEFORE MARRIAGE Oliver Wilson

PRESENT POSTOFFICE OF FATHER Cherian S.C. (15) PRESENT POSTOFFICE OF MOTHER Cherian S.C.

COLOR OR RACE Colored (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40 (18) AGE AT LAST BIRTHDAY 40  
(Years) (Years)

BIRTHPLACE S.C. (19) BIRTHPLACE S.C.

OCCUPATION Fireman Lumber Mill (20) OCCUPATION Housewife

Number of children born to father, including present birth 14 (21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated. (Hour, M. or P. M.)

(22) (Signature) Nancy J. G. Telom

(24) State whether Physician or Midwife Midwife Physician or Midwife

Are name added from a supplemental report

(25) Witness Matie Dupont

(26) Filed Sept. 14, 1923 (27) Nancy J. G. Telom Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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