

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

File No.—For State Registrar Only
2770

PLACE OF BIRTH
 County of Christ Church
 Township of Chickadee
 or
 M. Town of Chickadee

Registration District No. 12A Registered No. 154
 (For use of Local Registrar)

(12) If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child Joseph Cutner If child is not yet named, make supplemental report as directed

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

FATHER
 FULL NAME Oliver Cutner

MOTHER
 (14) NAME BEFORE MARRIAGE Oliver Wilson

PRESENT POSTOFFICE OF FATHER Chickadee S.C.

(15) PRESENT POSTOFFICE OF MOTHER Chickadee S.C.

COLOR OR RACE Caucasian (16) AGE AT LAST BIRTHDAY 48
 (Years)

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

BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

OCCUPATION Fireman Lumber Mill

(19) 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 Alive at 7:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) Nancy J. Williams
 (24) State whether Physician or Midwife Midwife Physician or Midwife

Are name added from a supplemental report
 101
 Registrar

(23) Witness Matie Dupont
 (Signature of Witness necessary only when question 23 is signed by father)

(27) Filed Sept. 14, 1923 (28) Nancy J. Williams
 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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