

## (1) PLACE OF BIRTH

County of Horry  
 Township of Winway  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. - For State Registrar Only

4097

Registration District No. 522Registered No. 203  
(For use of Local Registrar)

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

(2) Full Name of Child Tom Herman Sutherland

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

|                                                                             |                                                                        |                                    |                                                                                        |                                                                       |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| (3) BOY OR GIRL<br><u>Boy</u>                                               | (4) Twin or Triplet<br>To be answered only in event of Twin or Triplet | (5) Number in order of birth       | (6) Are Parents Married?<br><u>Yes</u>                                                 | (7) DATE OF BIRTH<br>(Name of Month) (Day) (Year)<br><u>Dec 27 23</u> |
| FATHER.                                                                     |                                                                        |                                    | MOTHER.                                                                                |                                                                       |
| (8) FULL NAME<br><u>Tom Herman Sutherland</u>                               |                                                                        |                                    | (14) NAME BEFORE MARRIAGE<br><u>Frank Thomas Graham</u>                                |                                                                       |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Winway S.C.</u>                      |                                                                        |                                    | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Winway S.C.</u>                                |                                                                       |
| (10) COLOR OR RACE<br><u>White</u>                                          | (11) AGE AT LAST BIRTHDAY<br>(Years)                                   | (16) COLOR OR RACE<br><u>White</u> | (17) AGE AT LAST BIRTHDAY<br>(Years)                                                   |                                                                       |
| (12) BIRTHPLACE<br><u>Winway S.C.</u>                                       |                                                                        |                                    | (18) BIRTHPLACE<br><u>Winway S.C.</u>                                                  |                                                                       |
| (13) OCCUPATION<br><u>Farmer</u>                                            |                                                                        |                                    | (19) OCCUPATION<br><u>Farmer</u>                                                       |                                                                       |
| (20) Number of children born to mother, including present birth<br><u>3</u> |                                                                        |                                    | (21) Number of children of this mother now living, including present birth<br><u>3</u> |                                                                       |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) allie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winway S.C.

Given name added from a supplemental report

M.B. Sutherland  
13/3/42 19  
 Registrar

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

(27) Filed June 1 1924 (28) E. P. Moore 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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