

(1) PLACE OF BIRTH

County of *Lexington*Township of *San by Run*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *11A2*

File No.—For State Registrar Only

43580

Registered No. *76*
(For use of Local Registrar)(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

Annie Lee Sutton

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

(3) SEX OR GIBL *Girl*(4) Twin or Triplet? *✓*

To be answered only in event of Twins or Triplets

(5) Number in order of birth *✓*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Nov 30 1906
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John Sutton

(9) PRESENT POSTOFFICE OF FATHER

Andrews

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Orangeburg

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Josephine Lytle

(15) PRESENT POSTOFFICE OF MOTHER

Andrews

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

Lexington Co

(19) OCCUPATION

Keeper

(20) Number of children born to mother, including present birth

9

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Joan J. P. P.

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Andrews

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 11 1906

(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.