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(1) PLACE OF BIRTH <u>Lorenzo</u>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">52134</div>	
County of <u>Lake</u>					
Township of <u>Lake City</u>					
Inc. Town of		Registration District No. <u>2013</u>		Registered No.	
City of		(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 <u>Alex M. Cutcherson</u>			If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 29</u> 191 <u>6</u>	
(To be answered only in case of Twins or Triplets)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Wilson M. Cutcherson</u>			(14) NAME BEFORE MARRIAGE <u>Larisy M. Cutcherson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City</u>		
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)		(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Lake City</u>			(18) BIRTHPLACE <u>Lake City</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Mrs. A. M.</u> at <u>4 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. J. R. R. R.</u>			(25) Address of Physician or Midwife <u>Lake City, S.C.</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report _____, 191____ Registrar			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>March 29</u> 191 <u>6</u> (28) <u>C. D. Rollins</u> 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.