

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For this Registry Day

29334

County of Richmond Registration District No. 3301 Registered No. 1111
 or Town of (For use of Local Registrar)

or of (No.) (St.) (Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child William A. Sutherland, Jr. If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1, 1934
 Jo by record of a valid marriage

FATHER.

FULL NAME William A. Sutherland, Sr.PRESENT POSTOFFICE OF FATHER Richmond, S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)BIRTHPLACE Richmond, S.C.OCCUPATION BusinessNumber of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie M. Sutherland(15) PRESENT POSTOFFICE OF MOTHER Richmond, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Richmond, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11:00 on the date above stated.

(22) (Signature) Dr. J. H. Sutherland(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richmond, S.C.

name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed May 1, 1934 (28) Wm. A. Sutherland Local Registrar

When 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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