

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of

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

File No. — For State Registrar Only
41220

or
Inc. Town of Registration District No. 9A Registered No. 1860
or
City of Charleston (No. Mercy Maternity Hospital 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 Harry Ferdinand Sutzge Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 14 1922
To be inserted only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Ferdinand Sutzge
(9) PRESENT POSTOFFICE OF FATHER #2 New St. Charleston S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Grocery Store keeper

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Gerder

(15) PRESENT POSTOFFICE OF MOTHER #2 New St. Charleston S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION wife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born live 3 P.M.
(born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report
..... 191
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Green
(27) Filed 12/29/22 191 (28) J. Mercer 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 desired of stillbirths before the fifth month of pregnancy.

Registrar.