

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

 File No.—For State Registrar Only  
**63233**

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of Summerville  
 or  
 Inc. Town of .....  
 or  
 City of ..... Registration District No. 603 Registered No. 12  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.; ..... Ward)

(2) Full Name of Child James Earl Suttledge { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Suttledge, James Earl

(9) PRESENT POSTOFFICE OF FATHER Savannah Ga

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Telephone Mechanic

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Levyde Sumner

(15) PRESENT POSTOFFICE OF MOTHER Savannah Ga

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE Spartanburg County

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at about 5:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. S. Suttledge

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician 44 Andersonville

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) C. C. Suttledge  
 Registrar 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. or L. THE OTHER, No. 2, etc., in question 5.  
 State of Columbia