

FOR SETS.
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, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia.

(1) PLACE OF BIRTH

County of Kershaw
Township of Deerfield
or
Inc. Town of
or
City of

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

Registration District No. 2701

File No.—For State Registrar Only
64916

Registered No. 115
(For use of Local Registrar)

(2) Full Name of Child Pickett Sutton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ☒

(5) Number in order of birth 1
to be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 6 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Sutton

(9) PRESENT POSTOFFICE OF FATHER Camden SC

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE Kershaw Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Cyrus Smith

(15) PRESENT POSTOFFICE OF MOTHER Camden SC

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Kershaw Co

(19) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6:00 P. M.

(23) (Signature) D. D. Pickett

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

Given name added from a supplemental report

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

(27) Filed 6/24 1916 (28) W. H. Wilson 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.