

## (1) PLACE OF BIRTH:

County of ..... **LEXINGTON** .....  
 Township of ..... **WELL SWAMP** .....  
 or  
 Inc. Town of.....  
 or  
 City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

**File No.—For State Registrar Only**

31128

Registration District No..... Registered No.....  
(For use of Local Registrar)

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

(2) Full Name of Child James Lowman Sutton

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 12 1922</i> (Name of Month) (Day) (Year)
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## FATHER

8) FULL NAME Abraham Section

PRESENT POSTOFFICE OF FATHER *Gaston OC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *24* *(Ten)*

(12) BIRTHPLACE  
Franklin, N.C.

(13) OCCUPATION  
*Laborn*

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

**MOTHER**

(14) NAME BEFORE MARRIAGE *Henrietta Tahl*

(15) PRESENT POSTOFFICE OF MOTHER *Guston* 0

(15) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *22*

(18) BIRTHPLACE 70

(19) OCCUPATION *freeman*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was born at 9 9 M.  
on the date above stated. (Boys alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Carpenter

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-  
al report

(26) Witness .....

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

(27) Filed 1/6/19 (28) 1 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.