

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of York  
Township of York  
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  
**20590**

Registration District No. 4408 Registered No. 77  
(For use of Local Registrar)

(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 Julia Warren Eutton If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ GIRL? ☒ (4) Twin or Triplet? ☐ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 22 1922  
(Name of Month? (Day) (Year)

**FATHER.**  
(8) FULL NAME Stanton Eutton  
(9) PRESENT POSTOFFICE OF FATHER York Laupson Co S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Laupson Co N.C.  
(13) OCCUPATION Mill Operator  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Julia Warren  
(15) PRESENT POSTOFFICE OF MOTHER York Co S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Laupson Co N.C.  
(19) OCCUPATION Housewife  
(21) 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 at York, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Dratton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report  
.....  
..... 19 ..  
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 14 1923 (28) Julia E. Warren 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.

N.

McGAW  
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