

## (1) PLACE OF BIRTH

County of Flourence  
 Township of Lake  
 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

42384

Registration District No. 2009 Registered No. 148  
 (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 James J. McCutchen

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20 1922  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Altonie McCutchen(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34  
 (Years)(12) BIRTHPLACE Wmberg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lertie Collins(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34  
 (Years)(18) BIRTHPLACE Wmberg Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. L. Whitehead  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

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

(27) Filed 1/15 1923 (28) W. L. Whitehead  
 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.

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