

(1) PLACE OF BIRTH

County of GreenvilleTownship of Libertyor
Inc. Town of.....City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4676

Registration District No. 2701... Registered No. 24...
(For use of Local Registrar)(2) Full Name of Child Henry SuttonIf child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet? Y(5) Number in
order of birth 1(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH 1-23-1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHenry Sutton(9) PRESENT
POSTOFFICE
OF FATHERGreenville(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY37
(Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

Teacher

MOTHER.

(14) NAME BEFORE
MARRIAGEWang Peters(15) PRESENT
POSTOFFICE
OF MOTHERGreenville(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY27
(Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Mar 11924

(28)

H. M. Lee

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.*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. C. 11—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.

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