

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of.....
 or
 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

25318

Registration District No. 1000aRegistered No. 69
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number In order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug. 28, 1922. (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Will Sutson			(14) NAME BEFORE MARRIAGE Florence West	
(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls, S. C.			(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S. C.	
(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 32 n (Years)	(16) COLOR OR RACE Black	(17) AGE AT LAST BIRTHDAY 34 n (Years)	
(12) BIRTHPLACE York Co., S. C.			(18) BIRTHPLACE Cherokee Co., S. C.	
(13) OCCUPATION Driver			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth {Six(6).}			(21) Number of children of this mother now living, including present birth {five(5).}	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born alive**.....at **11:15 AM.**
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. L. K. K. K. K.(24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
Blacksburg, S. C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-10-19 (28) Geo A Roberts
Registrar 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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