

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of

or

Inc. Town of

or

City of Greenville

(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

46374

Registration District No. 2209 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Sutherland { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 26</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Mrs Edd Sutherland(9) PRESENT POSTOFFICE OF FATHER Arlington Mills(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Pickens Co. SC.(13) OCCUPATION Home. Cattle Mgr

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Lowrey(15) PRESENT POSTOFFICE OF MOTHER do.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Ga(19) OCCUPATION Atk & Mill work

(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 12:41 P. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Waller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

J. M. W.1084 W. Coffe

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan 28 1916. (28) A. H. M. 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.

MOTHER 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.