

MARGIN RESERVED FOR BINDING.  
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>	STATE OF SOUTH CAROLINA	Bureau of Vital Statistics		30534	
Township of .....	Registration District No. <u>220.93</u>	Registered No. <u>319</u>		(For use of Local Registrar)	
Inc. Town of .....	(No. <u>9</u> <u>9th</u> St.; ..... Ward)	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of .....	(2) Full Name of Child <u>John Rufus Sutton</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 4 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Samuel Sutton</u>	(14) NAME BEFORE MARRIAGE <u>Leahy Parks</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>				
(10) COLOR OR RACE <u>N.</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(16) COLOR OR RACE <u>N.</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)		
(12) BIRTHPLACE <u>La-Hue Co.</u>	(18) BIRTHPLACE <u>La.</u>				
(13) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>Domestic</u>				
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>John</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Geo. P. Walker</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>M. B. Greenville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed or mark)		
19 .....			(27) Filed <u>Sept 4 1922</u> (28) <u>M. B. Greenville</u> 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.