

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2640

County of Union

Township of \_\_\_\_\_

or Inc. Town of \_\_\_\_\_

City of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 42-A Registered No. 2

(For use of Local Registrar)

St.: \_\_\_\_\_ Ward: \_\_\_\_\_

(2) Full Name of Child \_\_\_\_\_

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1917 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe S. Sautter

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Swain Co N.C.

(13) OCCUPATION Merchant

(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Sautter

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Haywood Co N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Sautter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union 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 2-10-17 (28) D. S. Sautter 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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