

(1) PLACE OF BIRTH  
County of Richland  
Township of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**2859**

Inc. Town of ..... Registration District No. 250 Registered No. 1022  
City of Columbia (No. 1408 Wheat (For use of Local Registrar)  
is in a hospital or other institution, give name of same instead of street and number; S. one ward)

Full Name of Child Luke Sulton { if child is not yet named, make supplemental report as directed

Sex boy Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 17, 1915  
(to be answered only in case of Twin or Triplet) (Nay) of Month (Day) (Year)

FATHER.

(8) NAME BEFORE MARRIAGE Essie Sulton  
(9) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION labor

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Newberry S.C.  
(19) OCCUPATION House work  
(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 715 P  
(Born alive or stillborn.) (Hour & M. or P. M.)

(22) (Signature) Mary E. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 1299 Henderson St

Given name added from a supplemental report.

(26) Witness (Signature of witness necessary only when question is raised by mark)

(27) Filed Jan 21, 1915 Registrar

When the attending physician or midwife, then the father, householder, etc., should make this report as soon as the child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.