

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		20632	
Township of <u>Diamond Hill</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. or Town of		Registration District No. <u>104</u>		Registered No. <u>14</u>	
or				(For use of Local Registrar)	
City of <u>Enoree, Columbia, South Carolina</u>		St.		Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>John Horrell Suttles Jr</u>		If child is not yet named, make supplemental report as directed			
3. BOY OR GIRL <u>Boys</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1st</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>July 7, 1922</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8. FULL NAME <u>John Horrell Suttles</u>			14. NAME BEFORE MARRIAGE <u>Georgia Truett Spear</u>		
9. PRESENT POST OFFICE OF FATHER <u>Antiochville S. C.</u>			15. PRESENT POST OFFICE OF MOTHER <u>Antiochville S. C.</u>		
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u>			(17) AGE AT LAST BIRTHDAY <u>24</u>		
12. BIRTHPLACE <u>And Co.</u>			18. BIRTHPLACE <u>Abbe Co.</u>		
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>House wife</u>		
20. Number of children born to mother, including present birth <u>Three</u>			21. Number of children of this mother now living, including present birth <u>Three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was... <u>alive</u> ... at <u>10 A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>		(24) State whether Physician or Midwife <u>Phys</u>			
(25) Address of Physician or Midwife <u>Antiochville S. C.</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>July 13, 1922</u>		(28) <u>[Signature]</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.					