

(1) PLACE OF BIRTH  
County of Newberry  
Township of St.

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

File No.—For State Registrar Only  
**23243**

Inc. Town of ..... Registration District No. 34-A Registered No. 90  
(For use of Local Registrar)  
City of Newberry (No. 1111111111 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 Joseph H. Sutton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 23, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Henry Sullivan  
(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Mill Operator  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mary Barnes  
(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housework  
(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 11:30 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1111111111

Given name added from a supplemental report

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

(27) Filed July 11, 1922 (28) [Signature] 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law, of Columbia