

Form No. 1

(1) PLACE OF BIRTH

County of SequoyiaTownship of 11or
Inc. Town of 11or
City of 11

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3107 Registered No. 15
(For use of Local Registrar)(2) Full Name of Child Otto Suter

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

(1) BOY OR GIRL? <u>Boy</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>July 18, 1923</u> (Name) (Month) (Day) (Year)
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FATHER.

(6) FULL NAME Tom Suter(7) PRESENT POSTOFFICE OF FATHER Sequoyia, S.C.(8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 32 (Year)(10) BIRTHPLACE Seey Co.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 2

MOTHER.

(13) NAME BEFORE MARRIAGE Hellen Belle Suter(14) PRESENT POSTOFFICE OF MOTHER Seey, S.C.(15) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 31 (Year)(17) BIRTHPLACE Seey Co.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 9 30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Dr. Robert M. S.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed Aug 7, 1923

(27)

(28) Mrs. C. E. Jager 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.