

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.

MICHIGAN OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Critter  
Township of Gregg  
OF  
Inc. Town of Graniteville  
OF  
City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**40559**

Registration District No. 2-B

Registered No. 50  
(For use of Local Registrar)

(No. 324 St. Twelve Ward)

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

## (2) Full Name of Child

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

(3) BOY OR  
GIRL Girl

(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married? yes

(7) DATE OF

BIRTH Dec. 10 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Alvie Franklin Suelling

(9) PRESENT  
POSTOFFICE  
OF FATHER

Graniteville

(10) COLOR  
OR  
RACE

white

(11) AGE AT LAST  
BIRTHDAY

27  
(Years)

(12) BIRTHPLACE

Graniteville

(13) OCCUPATION

Textile Work.

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

two

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Ruby Cortez

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Graniteville

(16) COLOR  
OR  
RACE

white

(17) AGE AT LAST  
BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

Graniteville

(19) OCCUPATION

Housekeeper &

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

two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was. Born alive ..... at 5:50 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Georgia Williams

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Graniteville S.C.

Given name added from a supplemen-  
tal report

(26) Witness

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

(27) Filed

Dec. 14 1922 W. H. Turnbull, S.S.

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.

Local Registrar