

(1) PLACE OF BIRTH

County of Wilson
 Township of Hillsboro
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3194?

Registration District No. 1603 Registered No. 125—
 (For use of Local Registrar)

City of (No. 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 Flora Mae Sussan (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21, 25
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Vance Sussan</u>	(14) NAME BEFORE MARRIAGE <u>Abell Theresa Sussan</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Waynes SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waynes SC</u>
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(18) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(19) BIRTHPLACE <u>SC</u>	(19) BIRTHPLACE <u>SC</u>	(20) OCCUPATION <u>House wife</u>	(20) OCCUPATION <u>House wife</u>
(21) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive St. 725 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. S. Sussan (24) State whether Physician or Midwife (25) Address of Physician or Midwife Waynes SC

Given name added from a supplemental report

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

(27) Filed Nov 10 1925 (28) M. H. S. Sussan 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.