

(1) PLACE OF BIRTH

County of GreenwoodTownship of Verdeburg

Inc. Town of

City of

(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 Health

File No. For State Registrar Only

43161

Registration District No. 2913 Registered No. 34

(For use of Local Registrar)

(No. SL; Ward)

(2) Full Name of Child John S. Suidy, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Suidy(9) PRESENT POSTOFFICE OF FATHER Verdeburg(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Edgfield Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Coras Suidy(15) PRESENT POSTOFFICE OF MOTHER Verdeburg(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Edgfield Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) reported by John Suidy

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 10 1916 (28) L. R. Barry 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.

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.

Sav. of Columbia

D A K S A F E T Y A