

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Spaulding  
Township of .....  
or  
Int. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32132

Registration District No. 40-0 Registered No. 425  
(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 Walter W. Suffer Jr. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Male 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 18 22  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Walter W. Suffer  
9) PRESENT POSTOFFICE OF FATHER Spaulding SC  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 38  
(Years) 12) BIRTHPLACE SC  
13) OCCUPATION Embalmers  
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Annie Paris  
15) PRESENT POSTOFFICE OF MOTHER Spaulding  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30  
(Years) 18) BIRTHPLACE SC  
19) OCCUPATION Housewife  
20) 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 alive at 2304  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. W. Mason M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 312 E. Main St.

Given name added from a supplemental report .....  
M. B. Woodward M.D. (Signature of Witness necessary only when question 23 is signed by mark)  
6/4/43 19 ..... (27) Filed 10-1-10 22 (28) Jas. Copes 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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