

Form No. 10.

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.

City of Columbia

McCauley

PR
M. E.

(1) PLACE OF BIRTH

County of Laurens
Township of Sullivan
or
Inc. 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
46714

Registration District No. 2906 Registered No. 3
(For use of Local Registrar)
(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 John William Deussen 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? no (7) DATE OF BIRTH—Jan 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Deussen
(9) PRESENT POSTOFFICE OF FATHER Gray Court S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Laurens County S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Saxton
(15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Laurens County S.C.
(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 born alive 2, 24 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Welborn, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191
Registrar

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

(27) Filed Jan 6 1916 (28) W. S. Sullivan 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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