

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville

Township of Durham

or
Inc. Town of

or
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

50875

Registration District No. 106 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child William Nathan Sussner

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 Feb. 5-1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shed Sussner

(9) PRESENT POSTOFFICE OF FATHER Durham S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Abbeville Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Reeder

(15) PRESENT POSTOFFICE OF MOTHER Durham S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Abbeville Co.

(19) OCCUPATION Grind Hand

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Durham

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 May 12 1916 (28) J. H. Hubble, Jr. 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.

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.

McCaw, of Columbia.