

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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 3.
N. H.—I McCall, of Columbia,
McCall

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA.		49558	
Township of <u>11</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Greenville</u>		State Board of Health			
or City of <u>Greenville</u>		Registration District No. <u>3a</u>		Registered No. <u>15</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child- <u>Paul Sullivan</u>				Sl.; <u>15</u> Ward	
				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 13, 1916</u>	
			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Rafel Sullivan</u>			(14) NAME BEFORE MARRIAGE <u>Lillie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Ardurson County S. C.</u>			(18) BIRTHPLACE <u>Greenville S. C.</u>		
(13) OCCUPATION <u>Mill Operator</u>			(19) OCCUPATION <u>Home Keeper</u>		
(20) 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>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1040 P.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. B. Estey</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Greenville</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>1/24</u> 191 <u>6</u> (28) <u>W. H. Williams</u> 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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