

(1) PLACE OF BIRTH

County of

Township of

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.)

2) Full Name of Child. Ruth Sullivan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wistley Sullivan

(9) PRESENT POSTOFFICE OF FATHER Princeton, Ill.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Laurens Co. S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Selorian Moore

(15) PRESENT POSTOFFICE OF MOTHER Princeton, Ill.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Greenville Co. S.C.

(19) OCCUPATION No more work

(20) 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 born at 7:20 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. A. G. Sullivan

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

Midwife Home 8th St. S.C.

Given name added from a supplemental report

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

(27) Filed Dec 24, 1916 (28) H. A. G. 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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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.

of Columbia.

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