

WHITE PLAINS, WITH UNFADING INC—TWIN IN A PERMANENT RECORD.  
H. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLAIN FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**

County of Orangeburg  
Township of Providence  
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

221-7

Registration District No. 3614 Registered No. 3  
(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 Sadie Bull

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in case of Twin or Triplet</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 7 1988</i>
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**FATHER**

(3) FULL NAME Edgar Bull

9) PRESENT POSTOFFICE OF FATHER *Parsons S.C.*

(10) COLOR OR *Caucasian* (11) AGE AT LAST BIRTHDAY *25-*

RACE Caucasian (Years) \_\_\_\_\_  
BIRTHPLACE \_\_\_\_\_

(13) OCCUPATION Orangeburg Co

Farmer

(21) Number of children born to mother, including current birth 2

**MOTHER**

(14) NAME BEFORE MARRIAGE *Louise Johnson*

(15) PRESENT POSTOFFICE OF MOTHER *Parlane S. C.*

(16) COLOR OR *Pulaski* (17) AGE AT LAST BIRTHDAY *23*

(18) BIRTHPLACE 6 1 B

Orangeburg Co  
(19) OCCUPATION

House Wife

(21) Number of children of this mother  
from 11-14 years of age: 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.

(23) (Signature) Delia Valente

(24) State whether Physician or Midwife <i>mid wife</i>	(25) Address of Physician or Midwife <i>Ellenwood</i>
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Given name added from a supplement-  
tal report

(36) Witness .....  
(Signature of Witness necessary only)

when question 23 is signed by mark

When there was no attending physician or midwife, then the father, householder, etc., should make this return