

(1) PLACE OF BIRTH

County of GreenvilleTownship of Dundlen

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

46336

Registration District No. 2205 Registered No. 5  
(For use of Local Registrar)(2) Full Name of Child Ned Sullivan { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth 1  
To be answered only in event of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 19  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Sullivan(9) PRESENT POSTOFFICE OF FATHER Honea Path, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Greenville Co. Dundlen Township(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lavonia Clemons(15) PRESENT POSTOFFICE OF MOTHER Honea Path, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Farm Laborer(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 alive at 10 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Knight(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rt 5 Honea Path, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 25 July 1914 (28) C. D. Smith 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law of Columbia