

(1) PLACE OF BIRTH

County of Anderson

Township of

or Town of Milliamton

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar

12752

Registration District No. 3-CRegistered No. 51

(For use of Local Registrar)

(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 Robert Sullivan

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age at Birth <u>0</u>	(7) DATE OF BIRTH <u>May 3, 1923</u> (Name of Month) (Day) (Year)
--------------------------------	---	--	------------------------------	---

FATHER		MOTHER	
(8) FULL NAME <u>William Edgar Leonard</u> (He speaks of father) <u>Sullivan</u>	(14) NAME BEFORE MARRIAGE <u>Lumie Ella Bell Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Milliamton, P.O. # 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Milliamton</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>New Haven Path</u>	(13) OCCUPATION <u>Farm Tenant</u>	(18) BIRTHPLACE <u>Milliamton</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Lander

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Milliamton

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-12-1923 (28) Lillian Russell Local RegistrarWhen 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.

a Supplementary report

Address Lyman

Filed 19

Registrar