

CERTIFICATE OF BIRTH
State of South Carolina
Office of Vital Statistics
State Board of Health

3008

Registration District No. 7-23 Registered No. 14
 (For use of local Registrar)

Place of birth (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Sarah Sullivan (If child is not yet named, write name here)

Sex girl Type of birth one yes Date Feb 14 1923

FATHER.
 (1) NAME Sarah Sullivan
 (2) NAME Charles Carter
 (3) COLOR Colored (4) AGE AT LAST BIRTH 23
 (5) BIRTHPLACE Prater River SC
 (6) OCCUPATION laborer
 (7) Number of children born to mother, including present birth 2

MOTHER.
 (1) NAME BEFORE Sarah Sullivan
 (2) NAME Charles Carter
 (3) COLOR Colored (4) AGE AT LAST BIRTH 25
 (5) BIRTHPLACE Charleston SC
 (6) OCCUPATION laborer
 (7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (28) I hereby certify that I attended the birth of this child, who was born (Born alive dead?) (How A. M. or P. M.)
 on the date above stated.

(29) (Signature) [Signature] (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
 (33) Date Feb 27 1923 (34) Registrar [Signature]

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. If a child breathes even once, it must not be reported as stillborn. It must be reported before the fifth month of pregnancy.