

Form No. 1

## (1) PLACE OF BIRTH

County of Southampton  
Township of Saxton  
or  
In. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

15927

Registration District No. 4006 Registered No. ....  
(For use of Local Registrar)(City of ..... St.; ..... Ward)  
(No. ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Corrie Lucile Sullivan (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 5-10-23  
(Name of Month) (Day) (Year)FATHER. MOTHER.  
(8) FULL NAME Henry Sullivan (14) NAME BEFORE MARRIAGE Eda M. Overman  
(9) PRESENT POSTOFFICE OF FATHER Truro, S.C. (15) PRESENT POSTOFFICE OF MOTHER Truro, S.C.  
(10) COLOR OR RACE White (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(11) AGE AT LAST BIRTHDAY (Years) (18) BIRTHPLACE S.C.  
(12) BIRTHPLACE S.C. (19) OCCUPATION Housewife  
(13) OCCUPATION Mill operative (20) OCCUPATION Housewife  
(21) Number of children born to mother, including present birth 2 (22) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn. (How A. M. or P. M.)(24) (Signature) [Signature] (25) Address of Physician or Midwife  
(26) State whether Physician or Midwife Physician [Address]

Give name added from a supplemental report

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

(28) Filed 5-18-23 (29) [Signature] 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.