

(1) PLACE OF BIRTH

County of Greenville

Township of Harrold

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

77263

Registration District No. 2206 Registered No. 107
(For use of Local Registrar)

(2) Full Name of Child Wilkinson Sullivan

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? no

(5) Number in order of birth 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept. 11, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos Sullivan

(9) PRESENT POSTOFFICE OF FATHER Harrold

(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Martin

(15) PRESENT POSTOFFICE OF MOTHER Harrold

(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE N. C.

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 430 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Ellen Childress

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harrold

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1916 (28) J. B. Duerksen 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.