

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

5914

County of

Township of

OF

Inc. Town of

CITY of

(if birth occurs in a hospital o

Registration District No., 400

Registered No. 92

(For use of Local Registrar)

2) Full Name of Child Kathy Mary Sullivan } If child is not yet named, make supplemental report as directed

(3) BOY GIRL *2/13*

(4) Twin or Triplet?

(g) Number in
order of birth

(6) Are Parents ☒

(7) DATE OF BIRTH 17 1 1922

(Name of Month) (Day) (Year)

FATHER

MOTHERS

(b) FULL NAME *7812 Williams*

(14) NAME BEFORE MARRIAGE Ann Bue Johnson

(9) **PRESENT
POSTOFFICE
OF FATHER**

(12) **PRESENT
POSTOFFICE
OF MOTHER**

(10) COLOR OR White (11) AGE AT LAST BIRTHDAY 47 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)

(12) **BIRTHPLACE**

(18) BIRTHPLACE

(11) OCCUPATION

(10) OCCUPATION

(20) Number of children born to mother, including present birth } 70

(2) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(22) (Signature

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

(Given name added from a supplemental report)

(20) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) 71104 4/1/1973 (28) 40114 4/1/1973

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.