

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in questions 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of Bellton  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2995

Registration District No. 300 Registered No. 17  
(For use of Local Registrar)

(2) Full Name of Child

Gladys Sheriff Sullivan (No. St. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
This child is not yet named, make supplemental report as directed

(3) ~~SEX~~  
GIRL?

(4) Twin  
or Triplet?

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

(6) Are  
Parents  
Married?

(7) DATE OF BIRTH Mar 8 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John P. Sullivan

(9) PRESENT POSTOFFICE OF FATHER Bellton S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Bellton S.C.

(13) OCCUPATION farmer

MOTHER

(14) NAME BEFORE MARRIAGE Etta Sheriff

(15) PRESENT POSTOFFICE OF MOTHER Bellton S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Abbeville Co S.C.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Grace Wadmon

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Bellton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Full Name

Mar 2 1922 (28) Mar 2 1922 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.