

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Harmonor  
Inc. Town of .....

City of .....

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

(2) Full Name of Child Ethel Sullivan

File No.—For State Registrar Only

42667

Registration District No. .... Registered No. ....  
(For use of Local Registrar)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 29 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cordell Sullivan(9) PRESENT POSTOFFICE OF FATHER St. James S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Lanterns Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Elaine Taylor(15) PRESENT POSTOFFICE OF MOTHER St. James S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Lanterns Co S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. P. DuPre M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. James S.C.

Given name added from a supplemental report

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

(27) Registrar (28) Local Registrar

When there was no attending physician or midwife, 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 ninth month of pregnancy.