

## (1) PLACE OF BIRTH

County of LaurensTownship of Dials

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  
19255Registration District No. 2901 Registered No. 33  
(For use of Local Registrar)(2) Full Name of Child Mary Sullivan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 28, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Ernest Sullivan(9) PRESENT POSTOFFICE OF FATHER St. Ann S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Laurens Co S.C.(13) OCCUPATION Farmer - Cotton & Corn(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ladie Fowler(15) PRESENT POSTOFFICE OF MOTHER St. Ann S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Laurens Co S.C.(19) OCCUPATION Housewife(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 alive at 6:30 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J.P. Du Pree M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician St. Ann S.C.

Given name added from a supplemental report

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

(27) Filed July 8, 1922 (28) W.E. Mahon 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.